

DOMESTIC VIOLENCE AND EMPOWERMENT: A NATIONAL STUDY OF  
SCHEDULED CASTE WOMEN IN INDIA

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## Dedication

This work is dedicated to

Dr. Bhimrao R. Ambedkar, the survivors and victims of domestic violence, and the  
feminist voices who are fighting for equitable space for women.

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Lalit P. Khandare

DOMESTIC VIOLENCE AND EMPOWERMENT: A NATIONAL STUDY OF  
SCHEDULED CASTE WOMEN IN INDIA

Domestic violence (DV) in India is one of the most alarming issues that is experienced by over one-third (36.6%) of non-Scheduled Caste/Scheduled Tribe (non-SC/ST) women and nearly half (48%) of Scheduled Caste (SC) women (ages 15-49). DV and women's empowerment are historically interlinked. The patriarchy embedded within social-cultural norms along with economic capability deprivation takes away the freedom of SC women to enjoy bodily safety in public and private spaces. Despite Constitutional measures, SC women continue to face violence-induced capability deprivation due to discrimination at three levels: caste, class, and gender. DV against SC women is an understudied area; there are scarcely any studies on DV in this population using national data. This research used data from the National Family Health Survey-III 2005-2006 (N = 12,069-SC women and N = 45,390- non-SC/ST women). Descriptive statistics and logistic regression were used to examine DV trends amongst SC and non-SC/ST women. Contrary to the study's hypothesis, having better empowerment (household-autonomy, healthcare decision-making, sexual-autonomy) increased the likelihood of women experiencing DV. However, the hypothesis relating to economic empowerment and autonomy was supported showing a reduced likelihood of DV. SC women were empowered when they had the capability to earn wages; however, they had no instrumental freedom to spend their own earnings. Similarly, empowerment indicators were shown to impact the likelihood of justifying the violence shaping women's gender

norms and attitudes. When compared with non-SC/ST, SC women who have economic and healthcare autonomy had lower odds of justifying DV. Exposure to DV in childhood, early marriage, and husbands' alcohol abuse significantly enhanced the likelihood of DV. Across most of the indicators, the intensity of DV amongst SC women was relatively higher than non-SC/ST women. The findings emphasize the need for social work practice and policy to focus not only on empowering women in terms on economic and material well-being through ownership, but also assessing if this ownership have instrumental value in practice without the threat of DV. Future research can enhance understanding of DV by examining social exclusion, socio-cultural patriarchy, and the intersectionality of caste, class, gender, and other individualist and community factors.

Margaret E. Adamek, PhD, Chair



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## List of Terms

<b>Respondents</b>	Respondents in this research were ever-married women of the households between the age group of 15-49 years.
<b>Husbands</b>	Male members of the family who are generally husbands of the respondents.
<b>SC</b>	Scheduled Caste members are constitutionally recognized communities who belonged to the lowest caste of “ex-untouchable” caste, and they are also, termed as Dalits.
<b>ST</b>	Scheduled Tribe members who belonged to the constitutionally recognized tribe community in India.
<b>Non-SC/ST</b>	Non-SC/ST communities are generally high caste communities from across religions in India who belong neither to SC or ST community.
<b>Sample</b>	The Sample of SC and Non-SC/ST is a representative sample per the proportion of their population in the country.
<b>Ever-Experienced DV</b>	Women who experienced domestic violence- physical or emotional or sexual violence anytime since the age 15.
<b>Nuclear Family</b>	A family is one where husband-wife and their young children live together. This family structure is often compared with joint or non-nuclear family where at least three generations of families live together along with their cousins, uncles, and aunties.



## **Chapter 1 Introduction**

Global gender experts rank India as the fourth most dangerous country for women based on indicators of vulnerability to violence and other well-being measures (Hepinstall, 2011). This ranking was based on expert evaluation of six risk factors: 'health threats,' 'sexual violence,' 'non-sexual violence,' 'cultural or religious factors,' 'lack of access to resources,' and 'trafficking' (Hepinstall, 2011). The report further states that India, the world's largest democracy, is one of the most precarious places for women due to the higher prevalence of female feticide, child marriage, human trafficking, and domestic slavery. Domestic violence is one of the most common problems faced by women in India.

Studies have shown the multiplicity and complex nature of experiences of women in India who suffer from domestic violence, which is significantly colored by gender, class, caste, and religion (Agarwal, 1988; Gandhi & Shah, 1992; Kannabiran, 2005; Kannabiran & Menon, 2007; Kapadia, 2002; Kapur & Cossman, 1996; Kelkar, 1992). Every day numerous Indian women undergo severe domestic violence (physical, emotional, sexual, and other forms of violence) by their husbands or members of the husband's family. According to the National Family Health Survey III, nearly 33% of women age 15-49 experienced physical violence and 10% experienced sexual violence (International Institute for Population Sciences [IIPS], 2007).

A National Family Health Survey III 2005-2006 survey found that women from Scheduled Castes and Tribes were more severely impacted by domestic violence, as 46% and 44% respectively reported experiencing such violence, compared to 30% of other caste groups (Dubochet, 2012). Vinutha's (2014) research on domestic violence against

Scheduled Caste women concludes that neither the Scheduled Caste/Scheduled Tribe Prevention of Atrocities Act nor the National Commission of Women is of any help for protection from domestic violence among Scheduled Caste women. The current criminal justice system in India does not address or give special attention to document the cases of domestic violence among Scheduled Caste women. This introduction section further elaborates on 1. the social demographics of Scheduled Caste Women, 2. social development indicators amongst Scheduled Caste women, and 3. the need for research on domestic violence and Scheduled Caste women.

### **Social Demographics of Scheduled Caste Women**

It is important to understand the social location of Scheduled Caste women in Indian society as it will give a clear picture of their oppression in both domestic and public spheres. Orthodox systems define the social-cultural rules of oppression.

*Manusmruti*, a religious text written between 600 B.C. and A.D. 200, segregated people by varna/caste order (Michael, 1999). The Scheduled Caste is a Constitutional term used to denote a person belonging to an “ex-untouchable” caste community who were historically oppressed under Hindu Social Order. The term Scheduled Caste is used interchangeably with Dalits and “ex-untouchables.” The term Dalit is a sociological term that means “broken people” in Marathi. Under Hindu Social Order, caste hierarchy divides people under Savarna/touchables and Avarna/untouchables. The Savarna caste is comprised of varna/caste order, with the Brahmin/priest caste at the top, second the Khatriya/warrior caste, third the Vaishya/Business caste, and fourth the Shudra/Servant caste. The Avarna caste is comprised of the “ex-untouchable caste” or “Ati-Shudra” who are both males and females forced to live on the outskirts of villages or as urban squatters

without any civil or political rights. Religious norms regulate and enforce the practice of untouchability. Dalit women are the worst victims of this social hierarchy. As a recourse to non-confirmation of social-religious norms by Dalits, Dalit women are humiliated, publicly raped and lynched, sometimes along with their family members. The punishing of women in the family is like an extreme form of indignity and a mode of suppressing the consciousness of Dalits.

Ambedkar's<sup>1</sup> analysis of the caste system, although descriptive in nature, is comprehensive; it not only highlights the impact of labor market imperfections but also refers to imperfections in other markets as well, such as land, capital, and products (Thorat, Aryama, & Negi, 2005). Such social arrangements excluded the participation of not only Dalit men but more so of Dalit women. Orthodox norms and traditions segregated people on their access to property, employment, wages, education, and dignity of labor. Ambedkar argued that the manner in which such ageold orthodox customs are devised under the caste and patriarchal system, they produce vast economic inefficiency (Thorat et al., 2005). Therefore, the caste and patriarchal system as a social organization in a social-economic environment has produced not only social inequality but has led to gross economic inefficiency, economic stagnation, and backwardness. Ambedkar carefully examined the economic consequences of factors such as immobility and restriction on individual choice and initiative, social status or stigma associated with

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<sup>1</sup> “Ambedkar was a leader in the struggle for Indian independence, the architect of the new nation's constitution, and the champion of civil rights for the 60 million members of the "untouchable" caste, to which he belonged. He spoke and wrote ceaselessly on behalf of "untouchables," but his passion for justice was broad: in 1950 he resigned from his position as the country's first minister of law when Nehru's cabinet refused to pass the Women's Rights Bill. Ambedkar was committed to maintaining his independence, and many of the positions he staked out in a long and complex relationship with Gandhi—on the future of Hinduism, for example—remain central to debate within Indian society” Thorat (2004) at Columbia University Alumni Ahead of Their Time.  
[http://c250.columbia.edu/c250\\_celebrates/remarkable\\_columbians/bhimrao\\_ambedkar.html](http://c250.columbia.edu/c250_celebrates/remarkable_columbians/bhimrao_ambedkar.html)

occupation, and the dignity of labor involved under the caste system and its impact on the incentive to work and invest (Thorat et al., 2005). As a consequence, or rather as a way to reinforce these social hierarchies, Scheduled Caste women face a multitude of violence both from within and outside of their families. The predominant literature on feminism in India has not addressed the issue of distinctive features of gender inequality on caste and untouchability practices. In a classic essay, “Dalit Woman Talk Differently,” that appeared in *Economic and Political Weekly*, Professor Gopal Guru (1995) argued that the context and specificity of social cultural subjugation of Dalit (Scheduled Caste) women is characterized by Brahmanical patriarchy. This Brahmanical patriarchy<sup>2</sup> affects Dalit women due to their lowest caste location in the Hindu caste hierarchy. On the other hand, they are victims of Dalit patriarchy that controls their freedom within their households. Thus, Scheduled Caste women face a triple layer of discrimination of caste, class, and gender. Guru (1995) reasoned the epistemologically advantageous location of Dalit women over others as he proposes, “the less powerful members of a society have a more encompassing view of social reality than others because their disadvantaged position grants them a certain epistemic privilege over others” (p. 2549).

In her classic article on Dalit feminist standpoint, Sharmila Rege (1998) confirms the views of Gopal Guru on the distinctive voice of Dalit woman. She further claims that the Dalit feminist standpoint and knowledge has the potential to transform the upper-caste feminist’s understanding of the significance of caste in feminist discourse. Chhaya

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<sup>2</sup> According to Chakraborty (2003), “Brahmanical patriarchy implies the model of patriarchy outlined in the Brahmanical prescriptive texts, to be enforced by the coercive power of the king, or those who act on behalf of king. The set of norms has shaped the ideology of the upper castes in particular. It continues to be the underpinning of beliefs and practices extant even today amongst these castes and is often emulated by the lower castes especially when seeking upward mobility” (p. 34).

Datar (1999) questioned if the non-Brahmin or Dalit feminist standpoint is a more emancipatory discourse. She argued that the emphasis on social and caste identities disregard the economic inequality and market oppression which remained the principal cause of patriarchy. However, an emerging body of feminist work from Scheduled Caste women has given voice to issues of Scheduled Caste women (Irudayam, Mangubhai, & Lee, 2014; Paik, 2014). More specifically, Irudayam and colleagues (2014) the comprehensively covered research on violence experienced by Scheduled Caste women in both domestic space and outside caste oppressive space. Their research emphasized the lived experiences of domestic violence faced by Scheduled Caste women.

### **Social Developmental Indicators Among Scheduled Caste Women**

To better understand the extent of domestic violence among SC women, it is important to consider the size of the Dalit population in India. Dalits or Scheduled Caste make up 201.4 million (16.6%) of India's population. If there were a nation of Dalits, it would be the fifth largest nation after Indonesia. According to the 2011 census, Scheduled Caste women constitute around 97.9 million (48.6% of total Scheduled Castes population) and Scheduled Caste males accounts for 103.5 million population (Registrar General & Census Commissioner of India [RGCCI], 2011).

Gender and caste discrimination against Dalit women in India is evident from health and other indicators; they belong to one of the lowest strata of Indian society. The Female-to-male ratio in India has seen a slight increase from 933/1000 in 2001 to 943/1000 in 2011. Amongst Scheduled Caste, for every 1000 males, there are 945 females (RGCCI, 2011). There are still 55 missing women per thousand, who may have aborted before their birth or died to due to ill health. It is a common phenomenon of

preferring a male child in India. Although banned, ultrasound testing, and other medical technologies are used to determine the sex of the fetus. Girls remain unwanted as society prefers boys to continue their family legacy as per Hindu religious practices. The female-to-male sex ratio among Scheduled Caste is higher compared to the national average. The child female-male sex ratio amongst Scheduled Caste is 933/1000 and India's child sex ratio is 919/1000 (RGCCI, 2011). Although the proportion of girls amongst Scheduled Caste is more as compared to national average, the socio-economic disadvantages put them under severe deprivation.

It is significant to note the progress SC women achieved when we compare the female literacy rate (56.46% in SC and 64.64% in India) and female workforce participation (28.30% in SC and 25.51% in India). However, the picture is gloomy when we observe the status of Scheduled Caste women on various health parameters.

According to the National Family Health Survey III, the Infant Mortality Rate among Scheduled Caste is 50.7 as compared to 36.1 among other castes (IIPS, 2007). The primary causes of infant mortality are a lack of adequate healthcare access and lack of nutrition and food among Scheduled Caste women. In India, social location of the communities and gender define the probability of anemia amongst ever-married women aged 15–49 years. Anemia is positively associated with caste background, especially it is more prevalent among Scheduled Castes (58.5%) than General Castes (51.9%) (Balarajan, Fawzi, & Subramanian, 2013). Scheduled Caste women also have poorer body mass index; 39.2% of Scheduled Caste women have less than 18.5 kg/m<sup>2</sup> compared to 25.5% for high caste women (Subramanian, Perkins, & Khan, 2009). Besides socio-demographic indicators, in this research, it is pertinent to understand the other dimensions

of oppression of Scheduled Caste women especially their experiences of domestic violence.

### **Need for Research on Domestic Violence and Scheduled Caste Women**

Previous studies on domestic violence and empowerment variables using data from the National Family Health Survey III were largely focused on exploring the relationship between socio-demographics and domestic violence. However, there is a research gap about exploring relationship between domestic violence and empowerment for Scheduled Caste women. This research is a small effort to fill this research gap. It is important to understand the nature and trend of domestic violence against women, and how society can evolve with more socially progressive mechanisms to ensure environments that are safe from marital violence. This study explores patterns of domestic violence among Scheduled Caste women who are one of the most neglected social groups in Indian society. The study will empirically test the associations among various factors influencing Scheduled Caste women's likelihood of experiencing domestic violence. Additionally, the study aims to explore the association of empowerment and gender attitudes with domestic violence.

The specific aims of this research were: 1) to describe the personal, household, and partnership variables of Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women and the empowerment factors associated with experiences of domestic violence. The distribution of these variables are presented using bivariate analysis. 2) To examine empowerment variables and their impact on the likelihood of domestic violence among Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women. 3) To examine the association of empowerment, domestic violence, gender norms, and their impact on the

likelihood of justification of domestic violence among Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women.

This study has chapters on theory explaining domestic violence, a literature review, the research methods, research findings, and discussion. Chapter 2 on theory elaborates the theoretical backgrounds relevant to the Indian context. The literature review chapter 3 analyzes the previous studies in the area of domestic violence in India and puts forth various analyses and correlation of socio-demographic variables on personal characteristics, social perceptions, and husband's control pattern contributing to domestic violence. The fourth chapter on research methods provides background on the NFHS-III domestic violence module, empowerment questionnaire, and other variables and elaborates on the study's objectives and research aims. The fifth chapter elaborates the research findings to address the aims of the research. And the final sixth chapter covers the analysis and discussion on the findings of the research.



## **Chapter 2 Theories Explaining Domestic Violence**

The purpose of this chapter is to review the domestic violence discourse and feminist approaches in India with particular attention to the issue of caste and gender inequality. This chapter also discusses the ecological model, Capability Approach and its various dimensions in the context of caste, gender, and domestic violence.

### **Domestic Violence Discourse**

In western countries, there have been enormous efforts to understand domestic violence, its risks, correlates, causes, factors, impact and so on. Western discourse on domestic violence has identified eight domestic violence theoretical viewpoints (Gelles, 1985). However, in recent decades, there are two competing views on understanding causes of domestic violence - the “feminist approach” and the “family violence approach” (Anderson, 1997; Archer, 2006). The “feminist approach” suggests that the root of domestic violence can be traced to the structure of patriarchy; in other words, intimate violence is a manifestation of power and gender relations (Anderson, 1997; Dobash, Dobash, Wilston, & Daly, 1992; Mann, 2008). The second view argues that patriarchy is just one dimension or variable responsible for domestic violence. This second perspective, the “family violence approach,” emphasizes structural inequalities and personal conflicts as the fundamental causes of domestic violence (Anderson, 1997; Dutton & Nicholls, 2005; Straus, 1991).

Family violence researchers understand domestic violence differently from feminist lenses. Family violence researchers have emphasized, “the social and demographic indicators of structural inequality that influence the conditions giving rise to or propensities for domestic violence” (Winkelmann, 2012, p. 23). However, feminist

scholars argue that women historically have been treated as sub-humans, oppressed by men to maintain control and domination over women, rooted in a gender and power hierarchy (Anderson, 1997). Anderson (1997) and Romans, Forte, Cohen, Du Mont, and Hyman (2007) observed the limitation of this division between the “feminist approach” and the “family violence approach.” Based on the findings of her study on the relationship between socio-demographic characteristics and domestic assaults, Anderson (1997) suggested that an integration of the family violence and feminist approaches would be a productive way to understand this complex issue of domestic violence. Anderson (1997) further suggested enhancing our understanding of domestic violence by adding gendered components like “resource theory”<sup>3</sup> to family violence theories to illuminate how material well-being impacts domestic violence.

Anderson (1997, p. 655) suggests the interplay of “methodological approaches” can influence these various paradigms and research outcomes. Feminist scholars who research victimization argue that severe male violence is caused by the patriarchal nature of dominance over women (Martin, 1976; Stark & Flitcraft, 1991). In contrast, those reviewing large-scale databases consider patriarchy as one variable amongst many others such as age, cohabiting status, and unemployment (DeKeserdy, 1995; Gelles & Straus, 1988; Smith, 1990; Stets, 1991; Straus, Gelles, & Steinmetz, 1980). Further, they view the intersections of privacy, the isolation of modern households in the United States, and masculine cultural traits as factors that foster violence and domestic assaults.

Interestingly, there have been fiery debates and spirited discussions on the national survey results in western countries. Feminist scholars have criticized these wide-scale

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<sup>3</sup> Resource theory argues that violence is a decisive force to retain power over the partner (Goode, 1971). It is explained further in following pages.

surveys and charged them for being insensitive towards the context in which violence takes place. These surveys may be biased by the underreporting of male violence due to advantages that the patriarchal mindset gains from such underreporting (Anderson, 1997; Arias & Beach, 1987).

Other structural factors such as cultural context, race, ethnicity, sexuality, and social class complicate the monolithic gender relations and simplistic understanding of domestic violence. Anderson (1997) discusses studies which suggest that working class men have less control over women as women enter the labor market and become relatively independent, in contrast to middle-class men who control resources within their households, thereby indirectly controlling women. These findings are contradictory to several studies in India which demonstrated that men from lower-income backgrounds control women's earnings (Soni-Sinha, 2001). Women from the higher economic classes have better control of their income. Similarly, there are other cases where control of income of women is hardly related to their entry into the paid labor market (Soni-Sinha, 2001). Lower-class women enjoying more autonomy due to their relative income earning capacity vis-à-vis women tied down to their home has been disproven by several studies where domestic assaults had no linkage with the income-earning capacity of women. From her childhood she is nurtured to believe that violence from her husband is the norm as it is depicted in these local proverbs, “*pavasana zhodapala, ana navaryane marala tar konala sangayacha*” (she can’t tell anyone if heavy rain hurts her or husband beats her), “*khara dagina kunku an kali pot*” (the real jewelry is vermilion on forehead and marriage necklace, both are worn in honor of her husband’s life, it is customary not to wear it if she is widow).

Contextual factors in domestic violence cases play a significant role affecting the lives of women. It is pertinent to understand relationship of cultural constructions and structural conditions in which women live and operate and why they choose to stay in an abusive relationship rather than leave. Women in India do not have this recourse since social norms do not allow wives to negotiate with their husbands. Socio-cultural norms define her as a gifted property to her husband, and she is forced to remain submissive as she has to worry about the future of their children, the pride of her maternal family, and her role as an ideal married wife (*Pativatra*- husband worshipper). She is in constant fear of her husband deserting her. Similarly, in the context of African American women who have fewer economic and social resources, Walker (2009) suggested it is often due to their survival being at stake that women choose to negotiate relationship through love and patience and arrive at a compromise rather than exit such a relationship.

In his “resource theory” argument, Goode (1971) put forth that violence is a decisive force to retain power over the partner. Goode argues that one who lack other sources of control like income, class, and educational status, is prone to use violence to fill the deficit of power (Kurst-Swanger & Petcosky, 2003). This paradigm suggests that power differences that exist between partners are responsible for violence more so than socio-demographic factors. However, gender theory suggests that status incompatibility (fewer resources of women) is expected to be less important for women's use of violence against their male counterparts. Rather, the innate nature of women of being supportive and nurturing does not encourage women to employ violence to gain power (Campbell, 1993).

One criticism of “resource theory” is that without “gender theory,” it will be likely to conclude that women engage in domestic assaults more than men. Szinovacz and Egley (1995) argue that male counterparts tend to hide marital violence more so than their female partner due to the sensitivity of these cases, and hence such cases result in reporting bias in research. Thus, data from only one partner may reflect a gendered reporting bias because "one partner data confuse gender differences in the reporting of violence with gender differences in the use of violence" (Szinovacz & Egley, 1995, p. 997). Research in India on domestic violence also reflect such bias of male dominance. National Family Health Survey III, collects data from both males and females from the same household. It was noted that sometimes female respondents felt uncomfortable while completing the survey if their husband or another male member of the family were present (IIPS, 2007).

In the Indian context, there have been culturally distinct features on the discourse on the feminist approach. Some theoretical formulations on domestic violence are incorporated and advanced articulations of Western feminist scholars which are further integrated into the cultural context in India. Discussing feminism or issues around domestic violence, one needs to understand the complexities of caste, class, religion, language, ethnicity, and culture.

### **Feminist Approach in India**

Feminist thinking has a long history with varied perspectives. Feminism has focused on the socio-cultural, political, economic and other patriarchal systems of thought that privilege and empower men (Payne, 2015). Patriarchy develops relationships

between the genders that disfranchise, disempower, and devalues women's experience (Payne, 2015).

The basic assumption underlying feminist theory is that the oppression of individual women occurs through systemic oppression and subordination, rather than through misfortune. Women's oppression is thus fundamentally derived from the patriarchal structures (for the purpose of this research "in India") and has a historical, material, and psychological base (Worden, 2001). The hierarchical ranking of male and female defined in terms of gender or sexual stratification perpetuates the dominance of the male gender.

The socio-political-cultural system of patriarchy in India contributes to systemic oppression and subordination of the most downtrodden. The degree and nature of gender inequality vary across India depending on socio-economic pressures; however, the patriarchal norms have been entrenched in the larger Indian culture throughout its history (Ambedkar & Rodrigues, 2002; Drèze & Sen, 2002). Over the historical period through different cultures, gender inequality, and the resulting oppression became the norm in Indian culture.

The everlasting scheme of caste order written in *Purusha Sukta* of *Rigveda* places water tight compartment of caste order where one caste is superior to one below them. The warrant of caste superiority is established on the moralities of "graded inequality," with the fourth, *Varnas*, and the fifth, *Avarna* "ex-untouchables," at the bottom (Ambedkar, 1990). The religious norms regulate and enforce the rules of practice of untouchability. There are various theories on the origin of untouchability. For the purpose of this research, we will not go into the details of those theories. However, it is crucial to

understand that the origin of untouchability had three predominant viewpoints, one, Western Aryan versus native theory, which proposes the foreigners came to India and defeated the indigenous people, and made them Shudras and Ati-Shudras. Second is the scriptural version especially written in the *Manusmruti* (written during 600 B.C. and A.D.200) religious text. This theory argues that the progeny born of violating the rule of forbidden inter-caste marriages, e.g., children born out of Brahmin women and Shudra males were then referred as the Chandal caste (one of the “ex-Untouchable” caste) (Michael, 1999). Individual’s higher mobility was restricted with severe punishments enshrined in the religious laws of endogamy and caste-based occupations. Under this mysterious system, the ex-untouchables are safe as long as they accept the eternal war of extermination, which is silently operating in the form of atrocities. An “ex-untouchable” is punished with extermination and other extreme forms of violence if one dare to violate their restricted temple entry, access to public roads, and other moral laws barring them with civic amenities. According to Ambedkar (1990), the origin of untouchability has roots in cultural and racial differences and graded hierarchy. He discusses the broken men were treated as untouchables, and over the centuries the notion of untouchability was idealized through religious scriptures. Ambedkar reviewed the concept of “ideal” and “real” while discussing the causes of continuation of caste and untouchability practices in India for more than 2000 years (Ambedkar & Sontakke, 2004). Over the centuries the religious rules idealized the caste hierarchy and untouchability. Ambedkar (1990) elaborates, “To idealise the real which more often than not is full of inequities is a very selfish thing to do. It is only when a person finds a personal advantage in things, as they are that he tries to idealise the real. To proceed to make such an ideal real is nothing short

of criminal” (p. 32). Historical context defined the gender roles for men and women; however, over the period of time those norms have become more sternly guided by religious doctrine promoting gender inequalities (Ambedkar & Sontakke, 2004).

Gender inequality has been experienced in other parts of the world; however, in India, these norms as “real” became the “ideal” as they were sanctioned through ritual scriptures and practices. As a result, it has been most difficult to break these barriers of women’s oppression in the Indian context. The religious texts that are part and parcel of Hindu life are ingrained in the minds of followers of religious practices on a day-to-day basis. It is important to understand the socio-cultural causes of domestic violence in Indian families. The social norms were idealized through religious scriptures that impact the psyche of women, and they have been subconsciously forced for ages to accept that they are inferior to men and that their husband is a “deity.” The following are a few examples from famous Hindu epic texts to help understand this systemic superimposition of cultural norms. In one of the most sacred texts, *Ramayana*, author Tulsidas wrote, “*Dhol, ganwar, shudra, pashu, naari- Ye sab tadan ke adhikari*,” (drum, illiterate, Dalit, animal, women, all are fit only to be beaten) (Mann, 1988). *Manusmriti*, a Hindu religious text that remained a religious law for Indian society, has a specific chapter on women. Following are some of the excerpts from Manusmriti (Bühler, 1886):

1. Her father protects (her) in childhood, her husband protects (her) in youth, and her sons protect (her) in old age; a woman is never fit for independence (IX 3) (p. 328).
2. He who carefully guards his wife, preserves (the purity of) his offspring, virtuous conduct, his family, himself, and his (means of acquiring) merit (IX 7) (p. 328).
3. Through their passion for men, through their mutable temper, through their natural heartlessness, they become disloyal towards their husbands, however carefully they may be guarded in this (world) (IX 15) (p. 330).



4. The eldest (son) makes the family prosperous or, on the contrary, brings it to ruin; the eldest (is considered) among men most worthy of honor, the eldest is not treated with disrespect by the virtuous (IX 105) (p. 346).

*Manusmruti* is considered as a *Magna Carta* of natural inequality on the basis of caste and gender (Nanda, 2003). It includes laws on the ideal Hindu man, the social norms, and punishments for women and lower caste communities. For example, it suggests pouring molten lead into the ears of Shudras/Lower caste if they hear or read Vedas. Hindu rules reinforce the supremacy of men, with Brahman men at the top and the untouchable caste women at the lowest stratum of society. Historically these discriminatory scriptures were defied by social reformers. In a public event on December 25, 1927, Dr. Ambedkar along with his followers, ceremoniously burnt *Manusmruti* at Mahad where they gathered to defy the segregation of water at Chavdar water tank. Dalit feminists suggested observing this event annually as a women's liberation day (Nanda, 2003). Every year this event is organized at Chavdar water tank. Another large women's conference focused on Depressed Classes took place in 1942 at Nagpur city under the guidance of Dr. Ambedkar to highlight the status of Dalit women (Paik, 2014).

In the efforts toward gender freedom and equality, the prohibition of inter-caste marriages was the primary barrier and source of social stigma. Hindu religious code of *Manusmruti* restricts inter-caste marriages; it was further supported by a big leader like Mr. Mohandas Karamchand Gandhi. His conservative views on the Hindu caste system are reflected in his quotes. In 1920, Gandhi said, "I consider the four divisions to be fundamental, natural, and essential" (Fischer, 1982, p. 111). In a weekly journal started by Mr. M. K. Gandhi in October 1921, he stated, "Hinduism does most emphatically discourage interdining and intermarriage between divisions... Prohibition against

intermarriage and interdining is essential for the rapid evolution of the soul” (Dalton, 2012, p. 51). These were his views which he later rejected by questioning the caste order and launching campaign for equal treatment of “untouchable” castes. In the later part of Gandhi’s life with the influence of Dr. Ambedkar, he too encouraged inter-caste marriages among caste Hindus and untouchable castes.

Traditionally, inter-caste marriages were discouraged, be it “*Anuloma*” marriage between upper caste (*Varna*) men and lower caste (*Varna*) women or “*Pratiloma*” marriage between upper caste (*Varna*) women and lower caste (*Varna*) men. *Pratiloma* was considered lower than *Anuloma* castes (Panini, 2001). The gender dynamic plays a significant role in maintaining the caste and gender hierarchy with this systemic arrangement. Studies have observed that domestic violence was more prominent in the *Pratiloma* marriages where the lower caste women marry higher caste men (Irudayam et al., 2014; Jagannath, 2013). The ban on inter-caste marriage remains very common practice in 21<sup>st</sup> century. Predominantly, marriage alliances in India are within castes, and they are arranged by the families of bride and groom. A nationally renowned daily newspaper and matrimonial/matchmaking offices specifically mention caste wise preference for prospective brides and grooms. Sometimes the individuals seeking partners are against this caste-based preferences and related discriminatory practices on matchmaking websites or advertisements. For such people there is a category, “caste no bar.” However, they will mention “SC/ST, please excuse” (Scheduled Caste and Scheduled Tribe, commonly referred as SC/ST) as they prefer inter-caste marriage among other high caste groups. This caste preference is even observed among the LGBT alliances. In a recent advertisement by a mother of gay activist, Padma Iyer (Brahmin

Caste/ “highest caste”) wrote, “Seeking 25-40, well placed, animal loving, vegetarian groom for my son 36, 5’ 11’ who works with an NGO caste no bar (though Iyer preferred)” (Waghmore, 2015).

It is a widely accepted and idealized norm that domestic violence is an internal family issue. Such practices are believed to be essential to maintain peace in the family. Domestic violence is socially tolerated and considered a “legitimate” consequence for issues such as conflict over dowry, wife’s sexual infidelity, neglect of household chores, and disobedience to her husband (Rao, 1997). Perceived non-conformity to the norms invites extreme forms of violence. Some of the acceptable punishments are listed in *Manusmruti* (Bühler, 1886). In the contemporary context, the husband and his family members are engaged in her economic deprivation, verbal abuse, and sexual, physical, and emotional violence. For example, it is not unusual if a husband dislikes her cooking, he will commit violence against her, and in some instances, kill her for such “unpleasant experience.”

Some researchers in India highlighted the feminist approach to domestic violence looking at the relationship between gender-discriminating practices (on inheritances, dowry) and domestic violence (Hackett, 2011). Dowry is a tradition of giving gifts in the form of money, jewelry, automobiles, houses, and other gifts to the grooms’ family as a part of the marriage obligation. Studies have observed that the domestic violence as a result of dowry disputes cuts across the socio-economic background of households in India (Rao, 1997; Verma & Collumbien, 2003).

Payne (2015) discussed varied feminist perspectives namely liberal feminism, radical feminism, Marxist feminism, and black feminism. Liberal feminism seeks to

reduce gender inequality through passing legislation, changing social conventions, and developing alternative gender sensitive socialization processes. Radical feminism focuses on promoting independent women's structures within existing organizations.

There have been efforts to reduce gender inequality by introducing laws and protection through legislation. In a feminist struggle, one of the most prominent roles was played by then first Law Minister of India, Dr. B. R. Ambedkar. Dr. Ambedkar was a strong advocate for women's rights and after the independence of India in 1947, he drafted the Hindu code bill, which has reformative laws on equality for women (Ambedkar & Rodrigues, 2002). This bill could not get passed in the parliament since most members held dominant orthodox views. Thus, Dr. Ambedkar resigned from the Constituent Assembly on the grounds that such significant legislation could not get passed. However, over time parts of the bills were enacted in different legislation. Hindu personal law codifies the right to property, marriage, divorce, adaptation, minority, and guardianship.<sup>4</sup> Dr. Ambedkar was also of the opinion that as society matures, it will require the Uniform Civil Code for all Indians across religious communities. However, the Indian government could not come up with the Uniform Civil Code for all, as there is tremendous opposition from different religious minorities.

Across the globe, the control of resources remained a focal point of hierarchies, as embodied in discriminatory inheritance practices that regulated the transfer of property.

According to a prominent scriptural rule of Mitakshra, "Sapinda," property can be

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<sup>4</sup> Dr. Ambedkar proposed the Hindu Code Bill in addition to several reforms, for example his efforts to bring *Dayabhag rule*, replacing the *Mitakshara rule*. Both these practices differ on the order of succession of property. According to Mitakshara to inherit the property the male descendent of a departed are preferred to his blood relative (male or female). However, the Dayabag argues that the property belongs to the heir with an absolute right. This heir can use this or transfer property as per his or her wish.

inherited to coparcenary of males up to four generations (Patel, 2007). Legally, sons and daughters have equal rights to succession according to the Hindu Succession Act of 1956. However, this ruling is seldom practiced.

According to Panda and Agrawal (2005) and Verma and Collumbien (2003), tangible assets play a vital role in the deterrence of domestic violence. Along with tangible assets like access to land, education remains a significant determinant of women's empowerment. Traditionally, access to education has been restricted to women. Educated women are less prone to be discriminated against or oppressed as compared to less educated or illiterate women. One of the most noteworthy contributions to the Indian feminist struggle was by Savitribai Fule (who belonged to a 'low caste'). She initiated the first school that gave access to "untouchable" caste girls in India in 1848 and a widow home for Brahman women in 1854 (Paik, 2014). Against all the odds and opposition from conservative society, Savitribai along with her husband Mahatma Jotirao Phule led a struggle for gender and caste equality.

Issues of gender inequality and domestic violence are deeply rooted in India's social-cultural context. There are debates in western countries about ethnic minority women being ignored regarding their culturally distinct experiences of domestic violence, and scholars argued that such a gender theory and intervention do not capture them (Bell & Mattis, 2000; Brice-Baker, 1994; Nash, 2005; Williams & Becker, 1994).

Intersectionality is widely used in western scholarship to map the experiences of race/color, class, gender, sexual orientation, and ethnicity (Crenshaw, 1991). This intersectionality is very much relevant in understanding domestic violence in the Indian context, especially the interplay of caste and gender dynamics. While discussing

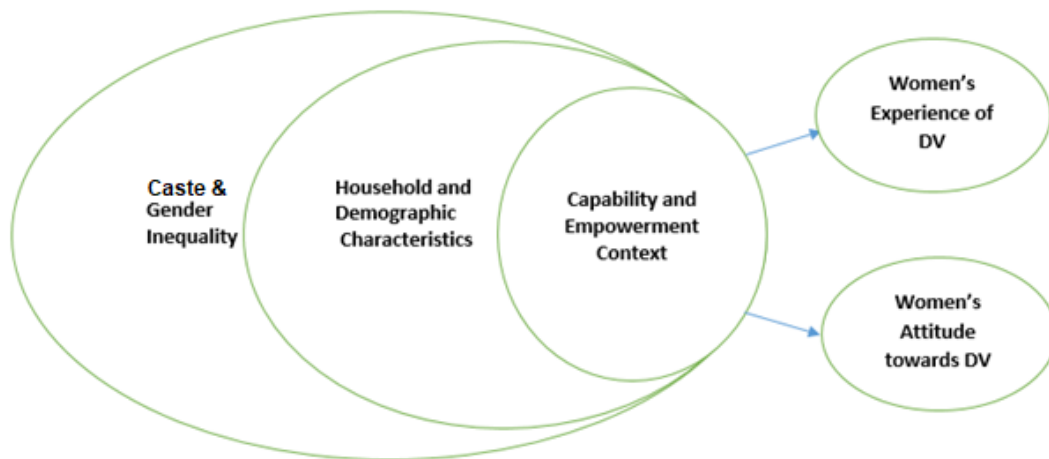
intersectionality of caste and gender, Tharu and Satyanarayana (2013) prefer the term “caste patriarchy” to describe the intrinsic nature of patriarchy in the Indian context. Dalit feminist thoughts put forth that a Dalit woman undergoes three tiers of discrimination namely, gender, class, and caste. Margaret (2005) argues that their negligence by the Indian feminist intelligentsia and other intellectuals who attempt to equate the problems of other women on par with Dalit women but does not distinguish inequalities within groups of women. Margaret (2005) points out the work done by Muktabai (Mang caste women) who wrote in 1855 about the subjugation that poor Mang and Mahar women suffered at the hands of the upper caste. Paik (2014) observed that economic deprivation and lack of education lead to cases of domestic assault. Women from Scheduled Caste are predominantly from lower social-economic strata; they are more vulnerable in society due to lack of skilled jobs, poverty, the indignity of being from lowest caste, and being a female. Moreover, oppressive caste-based discriminatory practices reduce their opportunities for decent education, employment, and healthcare.

The stigma and shame of breaking away from one’s family where women endure violence force her to continue such relationships. Religious practices forbid her from leaving the husband’s home. The two focal aspects in the lives of Dalit women are of immense concern: the gendered division of labor that exposes women to specific forms of untouchability and sexualized oppression (Shah, Mander, Thorat, Deshpande, & Baviskar, 2006). Dalit women continue to experience discrimination and untouchability in multiple spheres which shapes their lives.

## Conceptual Model

The ecological model is one of the most appropriate conceptual frameworks for understanding the nature and causes of domestic violence. The original ecological framework has four concentric circles- personal history, microsystem, exosystem, and macros systems. The personal history covers the individual characteristics and experiences of family violence, micro system has women's family relationship, social relationship, and partner characteristics, the exosystem is about influence of social and community structures, and micro system is about socio-cultural norms (Heise, 1998).

Figure 2.1 *Ecological Model of Domestic Violence*



(Heise, 1998; Naved & Persson, 2005)

For this research this ecological model is framed using the factors that shapes the women's attitude and experiences of domestic violence (see Figure 2.1). These factors are a) socio-cultural inequalities, b) household and demographics, and c) capability and empowerment. There is complex nature of realities that shapes the women's experiences of domestic violence. Although the current model is largely based on studies by Heise (1998) and Naved and Persson (2005), this conceptual model expands the understanding

of the caste in addition to the gender inequality. The factors that affects one's ability to be in safer marital environment are elaborated below:

a) Social-cultural inequalities- The social caste, gender, and class parameters of intersectionality shapes the experiences and attitudes of domestic violence. This research compares the experiences of SC and Non-SC/ST caste women across different income quintiles and see their experiences on adjusting for other individual, household and partner characteristic factors.

b) Household and demographic factors- These are demographic individual and household factors like childhood exposure of domestic violence, family level factors that shape the individual experiences, husband's alcoholism, and other factors.

c) Capability and empowerment context-Sen's (1999) and Nussbaum (2005) capability and empowerment context is discussed below in detail. In this research the empowerment factors are covered like autonomy in household decision making, healthcare decision making, economic autonomy, and media awareness. Similarly, Jejeebhoy (1998) emphasized the women's empowerment context as a crucial aspect for mobility, ownership of resources, and, decision making.

### **Capability and Empowerment Context to Domestic Violence**

Nobel Laureate Professor Amartya Sen (1999) discussed development as an idea of freedom. He defines capability "as the freedom to choose a life one has reason to value" and development as a process of achieving the freedom that people enjoy (Alkire, 2005). The Capability Approach is applicable for research on examining socio-economic and other forms of inequality and social injustice, and other indicators of wellbeing (Alkire, 2005).



Being functional or “being and doing” is what makes life valuable.

“Functionings” can be connected to goods and income, however, it is the result of consumption of those goods and income. For example, having access to goods like nutrition and food is the functioning- being well-nourished. Similarly, other functionings can be being safe, being healthy body, being literate, and others. The ultimate aim is to establish a system where people have the freedoms or valuable opportunities (capabilities) to allow people to live their life independently according to their own choices. For example, every individual should have the opportunity to be part of a community and to practice religion without restricting their choice to become a hermit or an atheist (Robeyns, 2001). The Capability Approach framework provide use of varied methods to study missing indicators of poverty and well-being (Alkire, 2005). A major contributing factor of the Capability Approach is the introduction of *functionings* –doing and beings—as a measure of encompassing significant development and growth variables for evaluations. In the recent years, there has been vibrant research on operationalizing this Capability Approach in various micro or macro level social-economic issues (Alkire & Foster, 2011). While working in the Capability Approach paradigm, Alkire and Foster (2011) found that certain indicators of poverty were unaccounted for in the Human Development Index. To bridge this gap, they developed the Multidimensional Poverty Index.

Nussbaum (2001) was one of the first scholars who proposed a supposedly uniform and international list of Capabilities to provide a policy guide in implanting the thoughts of gender justice. This list provides serious and uniform efforts to strengthen this approach, as it matters to pragmatists and all those who believe that reform must be

democratically grounded in the experiences of ordinary people. Violence against women in India is committed since she is in the womb of her mother; it is reflected in trends in sex-selected abortions/feticides resulting in low sex ratio (females per thousand males). Gender imbalance is also a result of malnutrition amongst girls and women, honor killings, and homicide during sexual violence (Drèze & Sen, 2002).

The Capability Approach empirically proposed by Nussbaum (2006) enlists ten capabilities:

1. Life (being able to live a normal life span), 2. Bodily health (to move freely); 3. Bodily integrity (secure from violence or sexual assault); 4. Sense, Imagination and Thought (to be able to use one's mind and express oneself freely); 5. Emotions (to be able to develop emotional attachments, unblighted by fear or anxiety); 6. Practical Reason (to be treated as a dignified being, whose worth is equal to others) 7. Affiliation, 8. Other Species, 9. Play (to laugh, to play); 10. Control over one's Environment (to control one's environment, both in terms of participating politically and being able to hold property and seek employment on an equal basis with others). (p. 47-49)

Nussbaum's approach encompasses the crucial issue of domestic violence; however, this area of research is seldom studied from the capability perspective. This research on domestic violence captures most of the capabilities mentioned in Nussbaum's list.

Agarwal and Panda (2007) argue that un-freedom around violence within the family, specifically domestic violence, has attracted less research and discussion in the debates of freedom and development. Expansion of freedom from domestic violence should be an indispensable component in the evaluation of development progress.

Agarwal and Panda (2007) enlist three conceptual contributions of Sen that are relevant to understand how domestic violence affects well-being and development: 1) capabilities and functionings, 2) agency goals, and 3) instrumental freedoms (see, for

example, Sen, 1995, 1999). Intimate partner violence has an adverse impact on these three dimensions.

### **1. Capability and Functionings**

Capability signifies the number of arrangements of functionings (beings and doings) which an individual can attain. Capability is a set of vectors of functionings that illustrates the individual's freedom to live their life as they wish and undertake actions as per their wish (Alkire, 2005). Capabilities and functionings include the following aspects:

- a. *Economic Freedom*: Intimate partner violence affects both women's capability and functionings, in varied ways, e.g., domestic violence can affect her economic freedoms, e.g., ability to get an education, ability to pursue work, and ability to access her right to own property (Agarwal & Panda, 2007).
- b. *Social Opportunities*: This can happen both ways. People stay away from families affected by violence and women are restricted to go out of their own household to visit their maternal home. As a result, women become more vulnerable as they may further develop the "battered women syndrome" damaging their sense of self-respect and restricting their community life (Agarwal & Panda, 2007). Hence, these "un-freedoms" result in a lack of self-confidence and lack of self-respect that further limits women's capabilities and functionings, e.g., ability to get job offers and ability to participate in economic and social life. The lack of self-respect is also detrimental in terms of women's ability to escape violence.

- c. *Political freedom*: Intimate partner violence affects women's ability to enjoy entitlement as a citizen. Her damaged self-respect may force her to think that what she is undergoing is a personal/private family matter and hence, she should accept it. The lack of social, family, non-profit bonding and association keep women aloof and ensures that they remain ignorant of their right to freedoms.

The absolute level of capabilities and functioning affect the vulnerability to domestic abuse, and more so it is affected by the relative capabilities and functionings between husband and wife (Agarwal & Panda, 2007). Ideally, the higher education level of women gives them an opportunity for a better job that enhances their capability. However, in some cases of domestic violence, the relatively higher wages earned by women as compared to man can result in greater risk of domestic violence. Hence, domestic abuse can reduce women's well-being in terms of its effect on women's self-esteem and their ability to earn.

## **2. Well-being and Agency**

Agency is defined as "what a person is free to do and achieve in pursuit of whatever goals or values he or she regards as important" (Sen, 1985, p. 203). On another occasion, Sen (1999) explains, "someone who acts and brings about change, and whose achievements can be judged in terms of her own values and objectives, whether or not we assess them in terms of some external criteria as well" (p. 19). Agency is a term used for empowerment where the person has the ability to perform or act upon on what they value and have reason to value.

Well-being is evaluated in terms of women's freedom to pursue real achievement. Similarly, the agency freedom is evaluated in terms of freedom to realize the goals. For example, lack of ability to gain employable skills due to domestic violence can adversely impact women's ability to secure a regular job, hence affect their well-being achievement. The low self-esteem due to spousal violence can affect women's agency freedom and hence result in compromising setting and realizing development of herself or others (Agarwal & Panda, 2007).

For the purpose of this research, the evaluative outcomes can be a reduction in the "capability deprivations of women on domestic violence" as a result of an increase in autonomy, decision-making, and well-being. In a similar spirit, the agency or process aspect can also be evaluated in terms of an increase in peoples' ability to value and demand their rights. The capability deprivations can be of multidimensional relevance. For example, Schedule Caste women who are victims of violence are most vulnerable as they are deprived of basic safety from state, social, and family institutions. In addition, the descending social caste hierarchy adds to their plight. This section of the population is ideally protected by the fundamental rights granted in the Constitution of India, which Sen (1999) categorized as political freedoms and civil rights. These are freedoms and civil rights for individuals with a promise of equality, justice, liberty, and fraternity. However, individuals or policy-makers and other relevant welfare experts have not been able to effectively intervene in the arena of social justice and equality to alleviate the pain and suffering of battered Scheduled Caste women.

The capability deprivation due to spousal violence may also lead to intergenerational transfers where the mother's well-being and agency/empowerment

affect her children. The reduction in economic well-being of women unfavorably influences the well-being and earning capacity of her children. The exposure to violence by the father affects both men who commit such violence and women who accept it as a norm. Intimate partner violence affects the capability of the physical and mental well-being of the mother, children, and husband. According to Nussbaum (2006), husbands who afflict violence on wives are deprived of “emotions” (to love those who love and care for us) and “affiliation” (to show concern for other human beings).

### **3. Instrumental Freedoms**

Sen (1999) provided a list of development evaluation parameter on instrumental freedom perspective. These include 1. Political Freedoms, 2. Economic facilities, 3. Social opportunities, 4. Transparency guaranteed and 5. Protective security. These freedoms as functionings are interconnected and are considered essential components in advancing the individual’s capabilities.

The socio-economic deprivation due to Intimate Partner Violence shows the “unfreedoms” as barriers to realize equal treatment of women. These unfreedoms in terms of “economic facilities” can limit women’s ability to seek employment, other economic earning possibilities, or claims to inheritance rights. Domestic violence also impacts women’s “social opportunities” for good health and community and family participation. It further reduces her capability to enhance her own or other’s well-being. Transparency is essential in realizing the goal of gender equality and justice by state programs and policies in terms of their periodic monitoring and evaluation. The role of public reasoning, discussion, and associated living are essential components to achieving the political freedom and civil rights of women. The lack of “protective security” due to

spousal violence not only result in abject poverty but also violates the freedom from fear and insecurity. It breaks the popular view that one's home is the most safe and protective space for a family (Agarwal & Panda, 2007).

### **Chapter 3 Literature Review**

This chapter reviews the law and public policy on domestic violence in India, the literature on determinants of domestic violence and empowerment, and studies on Scheduled Caste/Dalit women and domestic violence.

Domestic violence affects a wide section of women in India and globally. Although national and state legislatures as well as law enforcement agencies try to address domestic violence within their capacity, it is a serious challenge that the system of governance is entrenched by a culture of patriarchy. It is disconcerting that most of the victims of violence and the perpetrators committing violence know each other personally. According to Amnesty International, around 40-80% of all physical violence or abuse cases against women worldwide are perpetrated by close family members (Ramdeen, 2004).

Domestic violence impacts women adversely in multiple ways, deteriorating their well-being and health status (Kaur & Garg, 2008). Women are not the only ones to suffer health-related repercussions from domestic violence. Children are also vulnerable, and when they are exposed to domestic violence, they are at risk for poor health outcomes. Intimate partner violence disrupts the family; it affects the economic and mental well-being of all members of the family (Kaur & Garg, 2008). Domestic violence does not only affect individual families, but it also worsens the community and national well-being of the stakeholders.



## **Law and Policies on Domestic Violence**

During deliberations regarding the enactment of the Hindu Code Bill, a gender equality bill in Parliament, Dr. Ambedkar said, “Whatever else Hindu society may adopt, it will never give up its social structure for the enslavement of the Shudra and the enslavement of women. It is for this reason that law must now come to their rescue in order that society may move on” (Ambedkar, 1995, p. 1160). Despite this pronouncement from Dr. Ambedkar, the government delayed enactment of gender justice legislation, and they lack efficient implementation and evaluation mechanisms.

Over the years, international and national declarations have been instrumental in voicing the rights of women, namely, the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, Beijing Declaration and Platform for Action, 1995, and the Vienna Accord of 1994. One important report titled "Violence Against Women in the Family," was prepared by the UN Commission on the Status of Women, Vienna (Thomas & Beasley, 1993). The report concluded that "Women have been revealed as seriously deprived of basic human rights. Not only are women denied equality with the balance of the world's population, men, but also they are often denied liberty and dignity, and in many situations suffer direct violations of their physical and mental autonomy" (Thomas & Beasley, 1993, p. 45).

There have been various efforts by international and national agencies to capture the meaning and scope of domestic violence or intimate partner violence. It may be instructive to review the various definitions provided by the United Nations and consider how specific components of these definitions have been incorporated into Indian legislation and acts.

To comply with the Declaration on the Elimination of Violence against Women, the United Nations General Assembly resolution 48/104 of 20 December 1993 recognized,

that violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. (Rauschning, Wiesbrock, & Lailach, 1997, p. 355)

The Constitution of India and international law strongly condemn violence and discrimination against women. The Declaration on the Elimination of Violence against Women lists three broad types of violence against women: public violence, domestic violence, and violence by the state. Article 1 of United Nations Declaration (UN, 1993) defines violence against women as:

According to the United Nations Declaration, violence against women includes any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (WHO, 2001, p. 5)

The Constitution of India, adopted in 1949 is gender-neutral in law, whereas, in practice it remains unequal in the private sphere of domestic lives. Fundamental Right Article 21 in the Constitution of India includes the right to life that has wider coverage to include the right to life with dignity and life free of violence. Article 14 of the Constitution provides for equality before the law without discriminating based on religion, race, caste, sex, or place of birth. Article 15 prohibits discrimination on the grounds of religion, race, caste, sex, or place of birth, and further encourages states to make special provisions for women and children (Bakshi & Kashyap, 2012). Legislation on gender justice invoked fundamental rights enshrined in the Constitution of India.

However, women in India largely remain in a socially and economically disadvantaged position. Gender bias embedded in social and cultural norms is considered beyond the purview of the state's responsibility.

The international law has several other lacunae to address domestic violence issues, the prevalence of gender-biased laws, widespread violence, the practice of non-prosecution of such cases, and no right to equal protection of law for women (Thomas & Beasley, 1993, p. 42). The following four factors ensure the exclusion of domestic violence in particular from international human rights practice (Thomas & Beasley, 1993):

1) traditional concepts of state responsibility under international law and practice, only the private actors and not state were considered accused under law; 2) misconceptions about the nature and extent of domestic violence and state response to it; 3) the neglect of equality before and equal protection of the law without regard to sex as a governing human rights principle; 4) the failure of states to recognize their affirmative obligation to provide remedies for domestic violence crimes. (p. 42)

Women's equality within the household faces challenges on the ground that it is a private matter between husband and wife. Traditionally, it is observed that marriage is a sacred institution and the state should not interfere in private family affairs (Sharma, 1994). At times, under the disguise of personal marital space and related family privacy protection, law has limited ability to protect women against domestic violence. Hence, the constitutional enforcement of law and protection of individuals' rights are at stake. Rather, lawmakers reiterated in their judgments that marriage as an institution is governed more by traditional norms.

Hindu Marriage is incomplete without *Stridhan* (modern dowry) - a share of the property of the bride's family to be given at the time of marriage. The bride herself is gifted as property to the groom's family in a ritual usually performed by the father of the

bride. This ritual is called as “Kanyadan,” this ritual literary means “giving away daughter.” As a result, her marriage is considered a permanent departure from her parents’ home to her new home with her husband where she is destined to live until death. Even in the event of her husband’s death, she is expected to stay with her in-laws and take care of them. As a part of marriage, it is the right of the husband to seek sexual pleasure even if his wife is not interested. If for any reason due to family conflict (not necessarily due to sexual issues) she leaves her husband and goes to her parents, the husband has a right to file a case with the police or court to demand restitution of his conjugal rights. The court/police can issue an order to bring her back to the husband’s family. In *Saroj Rani v. Sudarshan Kumar* (1984 AIR 1562, 1985 SCR (1) 303), the court ruled,

In India it must be borne in mind that conjugal rights, that is the right of the husband or the wife to the society of the other spouse is not merely a creature of the statute. Such a right is inherent in the very institution of the marriage itself. (Patel, 2007, p. 85)

This view of the significance of the institution of marriage over individual rights is affirmed in the provisions laid down in the Hindu Marriage Act.

In another instance of opposing progressive legislations and judgments, Justice Rohatgi ruled in *Harvinder Kaur v. Harmander Singh Choudhary* (AIR 1984 Delhi 667), that the

Introduction of Constitutional Law in the home is most inappropriate. It is like introducing a bull in a china shop. It will prove to be a ruthless destroyer of the marriage institution and all that it stands for. In the privacy of the home and the married life neither Art. 21 (Right to life and liberty) nor Art. 14 (Right to Equality) have any place. In a sensitive sphere which is at once intimate and delicate the introduction of the cold principles of Constitutional Law will have the effect of weakening the marriage bond. (Baines, & Rubio-Marin, 2005, p. 196)

There have been a few instances of progressive judgments by lawmakers contradicting earlier viewpoints and emphasizing the significance of individual liberty over the oppressive traditional norms of society. Women need autonomy as a privacy right for a sexual act even in a marriage relationship. Violation of this basic right may result in cases of marital rapes and murders. In the 1983 case of *T. Sareetha v. T. Venkata Subbaiah*, Justice Choudhary of Andhra Pradesh High Court struck down section 9 (restitution of conjugal rights) of the Hindu Marriage Act terming it unconstitutional as it violates Article 21 (Right to Life and Liberty) (Nussbaum, 2000a). The judge explained that the right to privacy is an integral part of the right to life and liberty, drawing from the United States' privacy rights precedents from the renowned *Griswold* and *Roe* case (Nussbaum, 2000a). However, marital rape is not observed as a crime in the Indian context; it is assumed that a woman is the "property" of a man after marriage. Besides, she is expected to fulfill all his sexual and other needs whenever he demands.

### **History and Development of Legislation on Domestic Violence**

Personal religious laws that govern marriage and family institutions in India are predominantly favorable toward men and unequal towards women. Personal laws in India based on religious identities include the Hindu Marriage Act (applicable to Hindu, Buddhist, Sikh, and Jain), Muslim Shariat Law, Christian Personal Law, and Parsi Personal Law. Special Marriage Act, 1954 is applicable across caste, religion, or ethnicity.

There has been some progress regarding enactment of preventive and protective laws on the issues of domestic violence. However, there were no comprehensive provisions under the law that cover physical, mental-emotional, economic, or sexual

violence. Dowry legislation was one of the first of its kind that gave protection against economic violence against women. In the Indian context, the dowry is one of the major factors contributing to the prevalence of domestic violence. To prevent atrocious dowry practices, the government of India introduced the Dowry Prohibition Act in 1961 that made it illegal to gift articles or money by the bride to the groom, or vice versa. This prohibition on dowry has had hardly any impact on this practice nationwide across class and caste. Dowry remains very much prevalent across the country. The dowry practice and its relation to violence against women are evident as non-fulfillment of dowry demands even after the marriage results in violence against women.

In a remarkable shift towards gender justice, an amendment was passed as section 498A with 45<sup>th</sup> amendment to Indian Penal Code. Section 498A made mental and physical cruelty towards the wife by the husband or his family a cognizable and non bailable offense. Section 498A addresses the cases of cruelty, and if proven guilty the convict shall be punished with imprisonment for a term which may extend to three years and shall be liable for fine. For the purpose of Section 498A of the Indian Penal Code), the term “cruelty” is defined as (Kishwar, 2008):

a) any willful conduct which is of such a nature as is likely to drive the woman to suicide or to cause grave injury or danger to life, limb or health (whether mental or physical) of the woman; b) harassment of the woman where such harassment is with a view to coercing her or any person related to her to meet any unlawful demand for any property or valuable security or is on account of failure by her or any person related to her to meet such demand. (p. 235)

In addition, Section 304B was introduced in the Indian Penal Code with the Dowry Prohibition Amendment Act, 1986. Section 304B includes a provision for the prosecution of the husband and his family. The section elaborates that there will be a consequence “if she died as a result of burns or any other injury within seven years of

marriage, under suspicious circumstances and if it could be shown that she was subjected to cruelty or harassment by the husband and/or in-laws in relation to demand of dowry” (Jaising, 2009, p. 51). According to Sections 304B and 498A, the burden of proof that he/she is innocent rests on the accused- that is the husband and/or his family. The punishment under this section on conviction ranges from seven years to lifelong incarceration.

The National Crime Record Bureau (NCRB) reports an increasing number of domestic violence cases between 2001 to 2014 (see Figure 3.1). This data is focused on “Cruelty by a Husband or his Relatives” against women under Section 498A of the Indian Penal Code. The National Crime Record Bureau compiles data on crime against Scheduled Castes (not specifically on Scheduled Caste women) committed outside the home; however, there is no accurate data for Scheduled Caste women on cruelty and crimes stemming from intimate partner violence.

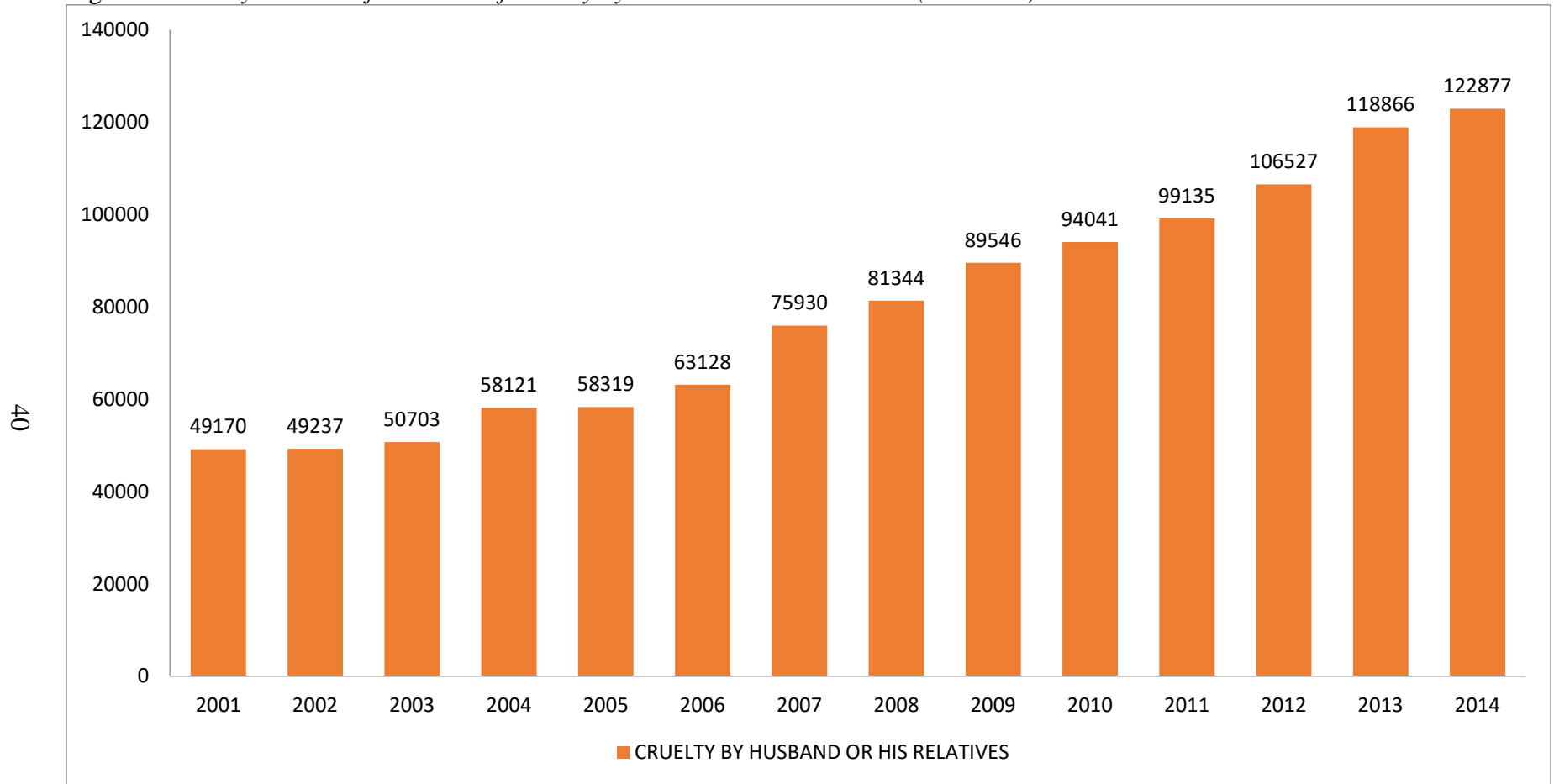
Figure 3.1 shows the data on Cruelty by Husband or His Relatives reported under Section 498A under the Indian Penal Code. First Information Report<sup>5</sup> at the police station by the victim or on behalf of victim includes various Articles and laws under which the cases have been registered.

Figures 3.1 and 3.2 show that especially after 2007 there was a 20% increase in reporting of causes related to “Cruelty by Husband or His Relatives” across castes and religion. This trend might reflect the passage of the Domestic Violence Act 2005 that addresses cases involving intimate partner violence.

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<sup>5</sup> A First Information Report (FIR) is a document of description of cognizable offence submitted by aggrieved party or police reported at police station in India. This is an evidence that need to be submitted to court for further case proceedings.

Figure 3.1 Yearly Number of Incidents of Cruelty by Husband or His Relatives (Sec 498A)

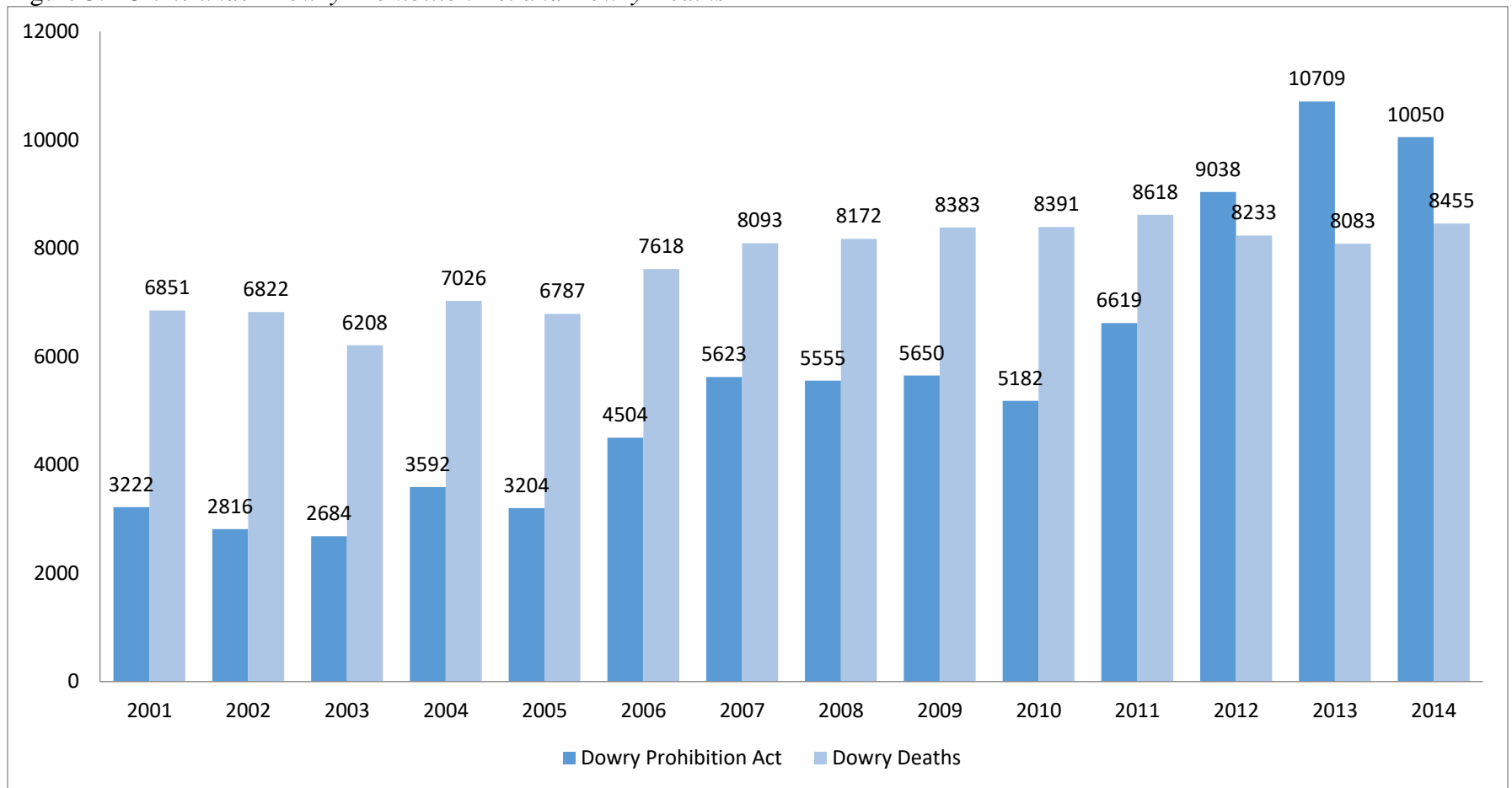


Source: Based on Crime in India reports, NCRB (n.d.) <http://ncrb.gov.in/>



Figure 3.2 shows that from 2001 to 2011 the dowry deaths reported were more than the number of cases under the Dowry Prohibition Act, 1961. The cases of dowry deaths were underreported under the Dowry Prohibition Act, and it is incongruent with the misconception that women exploit men by misusing the Dowry Prohibition Act or other provisions like 498A under the Indian Penal Code. In 2012 and 2013, there was an increase in the number of cases registered under the Dowry Prohibition Act, as it may cover other forms of torture besides dowry killing. These reports refute any prevailing biased notion against women about their misuse of the law. The conviction rate under Section 498A has remained around 7000 per annum; however, the acquittal rate has increased over the years, in 2007 it was 25,791, and in 2013 it rose to 38,165 (Prudhvi, 2015). Moreover, for every convicted case, there was one withdrawal of a case on Section 498A. As compared to the conviction rate of other Indian Penal Code crimes, the sentence against 498A is dismally low (Prudhvi, 2015), reflecting an ineffective implementation of law and order. Mitra (2000) suggested that in addition to laws, Indian society needs to change at the social, political, and economic levels with a view to reduce violent crime against women.

Figure 3.2 *Crime under Dowry Prohibition Act and Dowry Deaths*



Source: Based on Crime in India reports, NCRB (n.d.) <http://ncrb.gov.in/>

Mental cruelty is rarely accepted as legally valid unless it is accompanied by severe physical violence. Moreover, the conviction rate of domestic violence cases is extremely low (Prudhvi, 2015). There is a prevailing view among the public and state that the laws on protection of women against cruelty are being misused. Such prejudices are ingrained in the minds of the police, the judiciary, and bureaucrats and thus affects the protective role of the state towards women. These functionaries of government are part of society, and their views and opinions can shape public perceptions. To cite an example, in 1995 former Acting Chief Justice of the Bombay High Court, Justice Pendse, in a public function at High Court referring to Sec 498A and other similar provisions, stated that, “you can imagine the effect on the husband’s family. When the police come to the husband’s doorstep, everyone feels he must be guilty... life is much larger than law and sometimes, implementation of certain legislative provisions causes damage. Please examine whether these provisions have served the purpose of the legislature or cause damage to society” (Gangoli, 2012, p. 116). Pendse was of the view that a low level of tolerance is the cause of suicide among women, and that women misuse the law to harass their husband and in-laws.

In 2005 a group of men activists filed a legal petition in the Supreme Court questioning the applicability of Sec 498A being misused by the wife’s family, claiming it violated the rights of husbands. The petition was revoked, and the Constitutional validity of this clause was established by the court with a caution that it should not be misused (Anwar, 2015).

It was observed that the provision in the Dowry Prohibition Act, Indian Penal Code Section 304B, and Section 498A had limited scope in dealing with cases of marital

violence. These provisions did not address the civil nature of immediate support needed by the victims of violence. Moreover, this legislation also ignored the oppressive nature of violence, and it did not cover previous legal provisions. As a result, in 1992 the civil society led by women's organizations like Lawyers Collective and others submitted a draft of a comprehensive Domestic Violence Bill. The National Commission for Women developed a draft proposal on domestic violence in 1994. Lawyers' Collective and other women's groups proposed an alternative bill under the UN Framework on Domestic Violence. It was only in 2006 that the Protection of Women from Domestic Violence Act (PWDVA) was enforced with the objective of "providing effective protection of the rights of women guaranteed under the Constitution who are victims of violence of any kind occurring within family" (PWDVA, 2005, p. 3). This Act especially refers to Art. 14, Art. 15, and Art. 21 of the Constitution to provide a remedy under civil law to protect women from domestic violence. This new act is revolutionary and was designed to enforce the Constitutional rights of women in India in both private and public life.

The Protection of Women from Domestic Violence Act, 2005 has civil, criminal and constitutional law provisions, and defines domestic violence to include physical, sexual, emotional, verbal, and economic abuse. However, socio-structural inequalities and patriarchal norms make it difficult to implement these protective laws.

Some of the prominent features of the Protection of Women from Domestic Violence Act, 2005 are as follows:

1. It was the first time after independence that there was a comprehensive legal definition of domestic violence that includes physical, sexual, verbal, emotional, and economic abuse;

2. Before PWDVA 2005, remedies for domestic violence were available under civil law with Divorce Act and criminal law provisions under section 498A of the Indian Penal Code. With all the above provisions, there was no immediate relief arrangements for women for accommodation in shared households, counselling, or timely justice;
3. Immediate relief –
  - a. cases under this Act are supposed to be disposed of within 60 days of filing;
  - b. recognition of right of women to be free from domestic violence at both her natal and marital home;
  - c. right to reside in ‘shared household’ even if the title of the house is in the husband’s name;
  - d. assistance for women with protection officers who can provide healthcare, legal aid, etc.
4. PWDVA 2005 not only recognizes protection for a married couple but also protects women in informal relationships and other unmarried partners.
5. PWDVA 2005 provides a judicious mix of civil and criminal law protection to women. Earlier due to stigma about criminal law, women or their families were reluctant to approach the Indian Penal Code provision on cruelty. Although this PWDVA is civil law, if needed, women can approach the criminal court as well.
6. PWDVA provides promotion of violence-free space for women and stresses the social responsibility of community members to report cases of domestic violence

in a timely manner. Such practice was completely alien to Indian criminal/civil law culture.

7. And most important, it was made the responsibility of government to efficiently implement the Act, and organize sensitization workshops with stakeholders.

The PWDVA, 2005 required the collection of data on domestic violence at police stations. However, such data was first collected in 2014. The data reports registration of 426 cases on charges of domestic violence in 2014 (NCRB, 2014). The number of cases in the states of Kerala, Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan accounted for almost 91.1% of all reported cases in the country in 2014. The Government of India does not have an evaluation report on the implementation of PWDVA. However, the Lawyers' Collective (Non-Profit Organization) prepared a Monitoring and Evaluation Report that shows 7,912 applications under PWDVA from October 2006 to July 2007 and 10,000 by October 2007 (Ghosh & Choudhuri, 2011). Lawyers' Collective also addresses the crucial issue of ineffective implementation of PWDVA. Up until 2011, only 7 out of 29 states had appointed an independent Protection Officer (PO) as mandated by the law. In addition, they identified there is a lack of awareness about the Act, lack of infrastructure, lack of budget allocation, and no monitoring and evaluation mechanism. A monitoring and evaluation report on PWDVA found only 14 out of 28 states have provided separate budgetary allocation and 12 states have no allocation for the PWDVA (Lawyers' Collective, 2012). The Lawyers Collective (2012) noted that the Protection Officers who are government employees with the additional responsibility of PO were given more importance by law and order implementing agencies than the newly appointed independent PO.

## **Determinants of Domestic Violence and Empowerment**

Broadly, we can categorize studies on determinants of domestic violence into three types: Socio-economic status, empowerment and autonomy, and culture, neighborhood.

### **Socio-Economic Status and Domestic Violence**

Numerous studies support the assumption that women from poor or financially unstable families are more vulnerable to domestic violence than those who are not poor (Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Ellsberg, Heise, Peña, Agurto, & Winkvist, 2001; Heise, 1998; Jewkes, 2002). Conversely, other studies are indicating the domestic violence is the cause of household poverty (Byrne et al., 1999). There are also several research studies on poverty and violence (Menard, 2001; Miles-Doan, 1998; Raphael, 2001); however, they do not address the cross-cultural dimension of domestic violence.

Kishor and Johnson (2005) examined the sociodemographic characteristics and reproductive health of women who live at the nexus of poverty and domestic violence and compared them with other violence/poverty situations in Cambodia, the Dominican Republic, and Haiti. The first part of the study compared women at the nexus of poverty and violence to women who were not poor but had experienced violence, and then to poor women who did not experience violence. Kishor and Johnson (2005) compared the personal and demographic profile of respondents such as their education and health that affects their empowerment and risk of violence. They observed that the women who were not poor in these countries and who experienced violence have significantly lower education. However, women did not face violence in the families where their husbands

had significantly lower education than women. And the poor women who experienced violence had no significant difference between education levels, their husbands' tendency to be alcoholic, or their husbands' experience of their fathers beating their mothers (Kishor & Johnson, 2005).

The correlation of economic status with the probability of domestic violence may vary depending on the context. A Demographic and Health Surveys (DHS) based study by Bamiwuye and Odimegwu (2014) showed higher violence among non-poor households (as compared to poor and middle class) in Zambia and Mozambique. Poor households report higher spousal violence in Zimbabwe and Kenya, and middle class households experienced higher spousal violence in Nigeria and Cameroon.

Studies from countries like Kenya have observed that heavy alcohol consumption by husbands affects their cognition and perception, resulting in higher risk of physical and sexual violence against their wives (Bennett, 1998; Deveci, Acik, Gulbayrak, Tokdemir, & Ayar, 2007; Djamba & Kimuna, 2008; Johnson, 2001; Lipsky, Caetano, Field, & Larkin, 2005; Testa, 2004). Kantor and Straus (1987) found a significant connection between alcohol abuse and attitudes approving domestic violence. Singh, Singh, and Singh (2014) found that in India, women who have alcoholic husbands are at 2.36 times greater risk of domestic violence than their counterparts.

Using National Family Health Survey III data, Gupta, Arnold, and Lhungdim (2009) conducted a study on slums in eight cities in India. The study showed that spousal violence is more prevalent in slum areas than in non-slum areas (see Table 3.1).

Spousal violence was almost twice as common in slum areas than in non-slum areas in Delhi, Meerut, and Nagpur. Except for Indore, other cities also showed



staggering rates of violence in slum communities: Kolkatta, Mumbai, Hyderabad, and Chennai. The study showed that women living in poor communities faced extreme violence in all eight cities, but was still relatively less compared to violence faced by women in Slums.

*Table 3.1 Percentages of Domestic Violence in Slums of India in Selected Cities*

<b>Cities</b>	<b>Slum</b>	<b>Non-slum</b>	<b>Poor</b>
Delhi	28%	12%	37%
Meerut	49%	27%	67%
Kolkatta	36%	22%	49%
Indore	35%	38%	64%
Mumbai	23%	15%	25%
Nagpur	34%	17%	33%
Hyderabad	30%	26%	42%
Chennai	62%	36%	68%

*Source:* National Family Health Survey III 2005-2006 (Gupta et al., 2009)

## **Empowerment and Autonomy**

**Empowerment and domestic violence.** There is no standard definition of women's empowerment, although researchers have tried to define it through various terms, more prominently- autonomy, status, and agency. Women's empowerment not only includes their autonomy in decision-making in household work, but it comprises other significant socio-cultural, economic, and political dimensions (Lee-Rife & Edmeades, 2011; Malhotra & Schuler, 2005; Upadhyay & Hindin, 2005). Research in the Philippines by Hindin and Adair (2002) observed that if the husband or wife makes the major household decisions alone, women are more prone to face domestic violence. This finding corroborates with Singh and colleagues (2014) who found that 43% of women from the Uttar Pradesh state experienced domestic violence. The prevalence of domestic violence was reduced to 24% in households where couples make household decisions jointly.

**Empowerment and other outcomes.** Research shows the significant association between higher levels of autonomy for women and improved health indicators. Shroff, Griffiths, Adair, Suchindran, and Bentley (2009) examined the association of maternal autonomy with infant and child health care outcome (especially stunting). They analyzed data from National Family Health Survey (NFHS)-2 of 1998-99. Binary variables of autonomy were presented by four dimensions- “decision making,” “permission to travel,” “attitude towards domestic violence,” and “financial autonomy.” Maternal autonomy with access to money (odds ratio of 0.731 significant at 95% Confidence Interval) and freedom to go to market (odds ratio of 0.593 significant at 95% Confidence Interval) were significantly related to a reduction in child stunting.

### **Culture, Neighborhood, and Its Impact on Domestic Violence**

Anthropological research by Counts, Brown, and Campbell (1992) shows that cultural and contextual factors are significantly related to levels of domestic violence across cultures. Levinson (1989) found that among “small-scale societies,”<sup>6</sup> the egalitarian household with female work groups were effective in protecting women from domestic violence. These findings corroborate the ideas of O’Campo and colleagues (1995) who observed that the contextual variables of neighborhood poverty, unemployment, and lack of homeownership were significantly correlated to the occurrence of domestic violence.

Koenig, Ahmed, Hossain, and Mozumder (2003) explored the determinants of domestic violence in rural areas of Bangladesh and found context-specific results of the

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<sup>6</sup> Small-Scale Society is a social group of people of around a few thousand who live their life on the forest, wild life, and horticulture at the village level. These people are have strong kinship bonds, relationships, and they are aloof from the city life (Jackson, 2006).

effect of women's status on violence. The more culturally conservative areas with "higher individual women's autonomy" and "short term membership in saving and credit groups" were associated with significantly higher risks of violence. However, culturally liberal areas reported less domestic violence. Women's autonomy was calculated using the Women's Autonomy Index that includes five variables (the first three of which were based on the work of Jejeebhoy (2000): 1) Economic and child-related decision-making, 2) Mobility, freedom from threats from the husband, 3) Access to and control over economic resources, 4) Autonomy/mobility, familial decision-making power, and 5) control of resources.

In contrast, studies also documented that more autonomous (having more independence) women may experience more interpersonal/domestic violence (Bates, Schuler, Islam, & Islam, 2004; Hindin, 2005; Jewkes, 2002; Koenig et al., 2003; Rahman, 1999). If the women behave contrary to traditional norms and try to break gender roles, their well-being may especially be at stake. This applies in particular in cases where there are high historical levels of patriarchy in the region. The three countries (Zimbabwe, Zambia, and Malawi) studied by Hindin (2005) show greater conflict and less negotiation of power if women are more autonomous. Women in these countries may not be able to even do their traditional roles as food producers, because of drought and HIV, leading to greater food insecurity. Zimbabwe supports the hypothesis that women from resource constraint settings will be at the most significant risk for Chronic Energy Deficiency (CED) if they have low status and low autonomy (Hindin, 2005). Low autonomy not only affects their domestic violence free environment but also adversely impacts their food and basic nutrition security. Hindin (2005) observed that

across countries “making joint decisions” in household matters is inversely related to “attitude towards wife beating” (wife beating justified).

Women’s status in relation to their husbands’ also shapes risk for domestic violence; however, there have been varied factors correlated with reduced domestic violence. Autonomy in terms of control over resources reduces the risk of domestic violence (Jejeebhoy & Cook, 1997). Jejeebhoy (1998) found that higher autonomy has a strong relation with lower level of domestic violence in the southern state of Tamil Nadu, more so than in the northern state of Uttar Pradesh. This research implies that the cultural conservatism in the northern state of Uttar Pradesh helps explain this north-south difference.

**Attitude on wife beating.** Demographic and Health Surveys (DHS) in seven countries (Armenia, Bangladesh, Cambodia, India, Kazakhstan, Nepal, and Turkey) found acceptance of wife-beating among women ranging from 29% in Nepal to 57% in India. Among men, acceptance of wife-beating ranged from 26% in Kazakhstan to 56% in Turkey (Rani & Bonu, 2009). Confirming previous research, transgenerational transfer of gender norms were observed in this study, as more often younger respondents justified wife-beating (Jewkes, Levin, & Penn-Kekana, 2002; Martin et al., 1999; Rao & Bloch, 1993). Ironically, as compared to non-working women, working women were equally or more likely to justify wife-beating. However, higher education was negatively associated with attitude on wife-beating in Turkey and Bangladesh (Rani & Bonu, 2009).

Higher education and higher socioeconomic status among women is linked with lower experience of wife-beating (Bates et al., 2004; El-Zanaty, Hussein, Shawky, Way, & Kishor, 1995; Heise, Ellsberg, & Gottemoeller, 1999; Koenig et al., 2003; Schuler,

Hashemi, Riley, & Akhter, 1996). However, these results may vary depending on the context of population and geographical regions. Other variables like life cycle (increasing age of husband and wife) and family factors (having a living son) predicted a decrease in domestic violence (Schuler et al., 1996).

**Family kin involvement in domestic violence.** Fernandez (1997) analyzed 15 case studies of domestic violence from Bombay exploring how the family members (especially mother-in-law) contribute to the violence perpetrated by husbands against wives. This research established a peculiar nature of domestic violence in India that involves not only the husband and wife but also other family members of the husband. Older women are given the responsibility to supervise the daughter-in-law, giving them the authority to execute power and domination to exploit her. The economic, social, and orthodox norms do not allow any woman to leave her household even if she is suffering from an extreme form of violence. Fernandez (1997) found support for the feminist perspective on “the interplay of multiple social hierarchies-gender and generation in the Indian case” (p. 433).

A cross-sectional study on intimate partner violence by Ruikar and Pratinidhi (2008) in Pune, Maharashtra, India reports the prevalence of physical abuse/ beating against wives at 61.5%. This abuse includes 98.8% of women reporting slapping, followed by 39.8% reporting pushing, and 33.7% reporting kicking. Nearly one in five (17%) wives justified these abuses by their husband and 59% of women were found to bear the pain silently. These findings were consistent with WHO reports that indicate 10% to 69% of women globally reported physically abused at some point in their lifetime (Heise & Garcia-Moreno, 2002).

Furthermore, research showed that it is an accepted norm in India that a husband can physically compel his wife to have coercive sexual intercourse without her consent. This behavior may be even more pronounced with the increased patriarchal schooling of the husband (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006). This research showed an intergenerational transmission of domestic violence. Husbands who witnessed domestic violence by their father were 4.7 times more likely to beat their own wives physically. They were three times more likely to coerce their wives sexually. Not being able to bear a child is considered a big curse/taboo for women in India. Thus, research shows adverse consequences of physical and sexual violence on Indian women due to childlessness (Koenig et al., 2006).

In a joint family, there is some moral pressure and availability of other female family members who might give some degree of protection from domestic violence (Daga, Jejeebhoy, & Rajgopal, 1998; Singh et al., 2014). Nelson and Zimmerman (1996) and Rao (1997) found that the company of the wife's family member significantly reduced the domestic violence rate in South India and Cambodia. Also, having a living son/male child gives some protection to women against domestic violence (Rao, 1997; Schuler et al., 1996).

### **Scheduled Caste Women and Domestic Violence**

Scheduled Caste women are placed on the lowest ladder of society under the burden of caste, class, and gender hierarchies. They face extreme forms of discrimination and violence due to unequal social, economic, and political status. They are placed in extremely vulnerable situations. Dalit women are most vulnerable due to the reasons

mentioned above while lacking agency to escape or to respond to violence and discrimination.

Irudayam, Mangubhai, and Lee (2006) found that Scheduled Caste women are at greater risk of violence in public than Caste Hindus. Similarly, they are more vulnerable in private spaces due to violence committed by their husbands, as compared to other women in India. These studies further contextualize the location of violence against Scheduled Caste women in public spaces, at home, in the workplace, in the perpetrators' home, and in government spaces. They are denied freedom of movement, the right to privacy, and the right to safety/security. Additionally, Scheduled Caste women face public humiliation as they face social atrocities by Caste Hindu individuals and communities in public spaces.

A study titled "Dalit Women Speak Out" examined 500 women's experiences of violence in four states in India (Irudayam et al., 2006). Nearly two-thirds (64.4%) of Scheduled Caste women reported verbal abuse, 54.8% reported physical assault, 46.8% reported sexual harassment and assault, 43% reported domestic violence, and 23.2% reported rape (Irudayam et al., 2006). The study findings show that 215 Scheduled Caste women report one or more forms of domestic violence during the span of married life. The nature of this violence was manifested as verbal abuse, physical assault, sexual abuse, and marital rape.

The factors contributing towards these violent incidents were related to dowry, "for not bearing male child," "being supposedly ugly, or too beautiful, or allegedly unfaithful," "for talking back to her husband," and husband's drinking (Irudayam et al., 2006). As a result of this violence, these women are forced to follow social norms and

violence to protect their marriage, or else their husbands desert them. Many times they also do not have space to reach out in their marital homes. Irudayam and colleagues (2006) also state that such a culture of violence is strengthened by “the internalized dominant caste ideology of wife fidelity (*pativrata*)” and “duty of chastity,” “notions of women’s honor, purity and obedience” (p. 10).

Irudayam and colleagues (2006) list the following causes of domestic violence against Dalit women: 1) Gender inequality and norms of female subordination, 2) economic factors, 3) Dalit women’s civil rights, 4) family relationships, and 5) disregard for their sexual integrity.

Causal factors under ***Gender inequality and norms of female subordination*** include women allegedly failed to be dutiful wives; women asserted their rights; women were unable to bear children, or unable to bear sons; caste discrimination from dominant caste husbands and in-laws in inter-caste marriages, or reaction from dominant caste husbands on being ostracized from their dominant caste communities as a result of marrying Dalit women; dominant caste husbands did not want children from their Dalit wives, or did not want their children to visit their Dalit grandparents’ house, or did not want their children to marry a Dalit.

***Economic*** causal factors for domestic violence include poverty; insufficient dowry; women earned more income than their husbands, or their natal families had a higher economic status than their marital families; women asked their husbands to account for money from their earnings, or refused to give their earnings to fund their husbands’ drinking habits, or refused to mortgage jewelry to satisfy their husbands’ spendthrift habits; in-laws denying women their share of their deceased husbands’ property, or to her natal family appropriating their dead father’s pension.

Causal factors related to Dalit women’s *civil rights*, include women’s insecurity due to their husband’s unemployment or alcoholism; women’s insecurity as widows, or orphans, or differently abled, or stepchildren.

Causal factors related to rights in *family relationships and sexual integrity* include women allegedly having illicit relationships; women’s alleged breaches of family honor, particularly in response to women surviving sexual or physical violence in the general community; women caught up in internal family power dynamics.



Causal factors due to *disregard for their sexual integrity*, include when women did not want to have sexual relations with their husbands, or in one case with her husband's friends; either in furtherance of sexual relations, or retaliation for women having refused to have sexual relations with male relatives; negative or blaming responses from women's natal or marital family members after women were sexually assaulted or exploited. (p. 15)

Interestingly, the narratives of the 500 Dalit women collected by Irudayam and colleagues (2006) observed that neither media reported these cases, nor have they registered cases with law enforcement authorities. These cases were kept hidden from their natal families, relatives, and community due to the pressure from the perpetrator of crimes or violence by Caste-Hindus or Dalit men. Such lack of reporting reproduces and sustains a "culture of violence, silence, and impunity," and denies women the right to security of life and basic human dignity (Irudayam et al., 2006, p. 6).

Irudayam et al. (2006) provides a case example of domestic violence in a Dalit family:

Thennarasi from Pondicherry Union Territory was married in 1991 at the age of 16 years to Gautham, a government employee. After three months of married life, Gautham, a habitual drinker, began to physically and verbally abuse her, questioning her fidelity and abusing her for allegedly not bringing enough dowry into their marriage. Gautham also gave very little money to Thennarasi to manage their family. He would also commit marital rape, forcing Thennarasi to have sex several times a day, and beat her or abuse her for allegedly having many lovers if she said no. Thennarasi has left Gautham and gone back to her natal home several times during her marriage due to the domestic violence, and in 2004 filed a complaint against her husband in the Women's Police Station. After this, the violence reduced a little as Gautham stopped drinking and started giving more money for their family. (p. 6)

Beyond Dalit community, the violence against women takes place even in cases of inter-caste marriage where Dalit women are married to Caste-Hindu men. It is expected that inter-caste marriage will bring social equality and reduce hatred against the lower castes. However, such inter-caste marriage does not work in the interest of

Scheduled Caste women. The Right to Information report reflects many such domestic violence cases registered in the police station in Tamil Nadu. Between 2009 and 2012, 80% of domestic violence cases were reported by Scheduled Caste women in inter-caste marriages (Jagannath, 2013). And amongst the remaining 20% of cases reported by other caste women, 76% faced domestic violence from caste Hindu men (Jagannath, 2013). Similarly, Irudayam et al. (2006) uncovered cases of inter-caste-marriages resulting in domestic violence against Dalit women by higher caste men.

In 1956, Dr. Ambedkar along with 500,000 Scheduled Castes, made a public conversion to Buddhism leaving Hindu religion. Paik (2009, p. 42-43) points out the conversion to Buddhism with 22 vows brought hope to Scheduled Caste women, as one of the vows states that “I shall abstain from alcohol.” “Dr. Ambedkar said that do not feed your husband if they are drunkard.” Paik (2014) states that Dalit men who are addicted tend to commit a domestic violence against their spouse. Paik (2014) also points out the challenges during her data collection, while being interviewed, respondents showed reluctance to share their family’s internal information, especially about domestic violence when other members of the family were present during the interview.

Mason-John (2008) elaborates on the prevalence of domestic violence in Dalit families in her book, *Broken Voices: Untouchable Women Speak Out*. During her visit to Dalit homes and the Animation Development Employment & Communication Network (ADECOM) organization in Tamil Nadu state, she witnessed the accounts of domestic violence faced by Dalit women (Mason-John, 2008). She reported that Dalit women are treated worse than Dalit men. Dalit women are often victims of domestic violence, and they have to live their life with the brutality of mental, sexual, physical, and economic

violence. The blind faith among these communities keeps them waiting for Gods or Goddesses to come and rescue them from the clutches of poverty, domestic violence, and inferiority complex.

Dalit women face violence due to various issues impacting their right to live and their interaction in their community. Larger patriarchal caste norms are ingrained in Dalit men and their marital family members contributing to female subordination and domestic violence. Tharu and Satyanarayana's (2013) research cites the story of Ramdas who was a victim of counter-violence because of a fight between a husband and wife. The domestic violence may have a diverse nature depending on the situation and context. Quite often, violence against men is not reported in the Indian context, as most of the victims of domestic violence are women. In discussing the intersection of gender and caste, Tharu and Satyanarayana (2013) prefer the term "caste patriarchy" to indicate the caste intrinsic nature of patriarchy in the Indian context.

In the caste hierarchy of India, one of the lowest castes and tribes namely Scheduled Castes and Scheduled Tribes, are most vulnerable to domestic violence due to their lower economic and education level (Singh et al., 2014). Economic stress is more pronounced among lower caste women, triggering marital violence. A study in rural Gujarat state found a direct significant association of caste with the occurrence of domestic violence (Visaria, 1999). Similarly, Jejeebhoy (1998) emphasized the risk factors for domestic violence including the gender of the children, religion, and caste.

### **Research Gap and Significance of Research**

The topic of domestic violence is a neglected area of research especially amongst Scheduled Caste women. Domestic violence research on Dalit (Scheduled Caste) women

is not encouraged due to various factors, namely, 1) dominant caste hierarchy places Dalit women at the most downtrodden section of the society and underrepresentation of Dalit women in the academic or research arena, 2) the anti-caste movement and/or feminist struggles do not capture the identity of Dalit women and their circumstances.

Dominant caste hierarchy and patriarchal structures not only place Dalit women at the lowest strata but also make them an invisible or insignificant subject for the purpose of research or policy intervention. Hence, Dalit women remain one of the most undesired topics of research for the social work or social science field. The representation of Dalit women in academics continues to be extremely low. Research topics like domestic violence among Dalit women are not funded or given much attention by social or government agencies.

Anti-caste or feminist discourse does not represent the independent voices and challenges around Dalit women's identity. As a Dalit woman, she is trapped in the identity of either a Dalit or a woman, but she is generally not considered as a Dalit woman when it comes to social discourse and understanding the social issues. The intersection of caste and gender shapes Dalit women's experiences of domestic violence in a way that is distinct from Caste-Hindu women. Dalit women are placed at the most downtrodden position due to socio-cultural and economic reasons. As a result the oppressive experiences within households also put them in the most vulnerable position as they are forced to continue experiencing domestic violence due to their socio-economic status. Feminists think that patriarchy and economic factors are the primary causes of discrimination, whereas anti-caste crusaders believe that caste and untouchability is the main reason for discrimination; neither of them wants to surrender

to or be superimposed by the other's viewpoint. Such conflicting interests estrange the status of untouchable caste women. Publically sharing or exposing domestic violence within Dalit households creates fear in the mind of anti-caste Dalits that this will inflame negative stereotypes about the already vulnerable Dalit population who are prone to violence in public by Caste-Hindus. Feminism within the Dalit community is considered internally divisive. It is feared that any efforts to depict domestic violence within Dalit families will distort their image as a community. Thus, the experiences of Dalit women are systematically censored by the personal interests of the anti-caste and feminist perspective in India.

Previous studies on domestic violence and empowerment variables using National Family Health Survey III were largely focused on exploring the relationship between socio-demographics and domestic violence. Scheduled Caste women face a triple layer of discrimination of caste, class, and gender. However, there is a research gap where the domestic violence and empowerment analysis for Scheduled Caste is understudied. Moreover, there is hardly any study using the National Family Health Survey examining issues of domestic violence and empowerment of Scheduled Caste women. Hence, this research is an effort to address this research gap.

It is important to understand the nature and trend of domestic violence against women, and how society can evolve with more socially progressive mechanisms to ensure an environment safe from marital violence. This study explores patterns of domestic violence among Scheduled Caste women who are one of the most neglected social groups in Indian society. Proposed research empirically tests the associations and explores the factors influencing Scheduled Caste women's likelihood of experiencing

domestic violence. Additionally, the study aims to investigate the association of empowerment and gender attitudes with domestic violence.

## **Chapter 4 Research Methods**

The studies on domestic violence in India have attempted to address the complex nature of spousal relationships and other studies in recent decades examined domestic violence issues using large-scale data sets. However, they were limited in scope regarding understanding vulnerable populations like the elderly, socially disadvantaged communities (like tribes), same-sex couples, and regional variations (INCLEN, 2000; Kalokhe et al., 2016). Further, domestic violence research focusing on vulnerable populations, like Scheduled Caste and Scheduled Tribe is rare. This current research is an effort to examine domestic violence among Scheduled Caste women by comparing them with “Non-Scheduled Caste/Scheduled Tribe” women. This study uses nationwide National Family Health Survey data 3.

This chapter elaborates the study sample, description of data, and lists objectives and aims of this research. This chapter further discusses the various details of independent and dependent variables and description of analyses. The final section of this chapter explains the ethical considerations.

### **Background of DHS and Gender Inclusion Questionnaire**

This research uses the National Family Health Survey also known as Demographic and Health Surveys (DHS). DHS began conducting national surveys in India as a part of DHS’s larger effort to measure global health parameters. The three questionnaires commonly used by DHS are a household questionnaire, a woman’s questionnaire, and a men’s questionnaire. Although DHS began its work in 1984 with initial funding from the U.S. Agency for International Development(USAID), focusing

on demographic health indicator measurement in almost 70 countries, it was after the 1990s that the surveys started including gender-related questions.

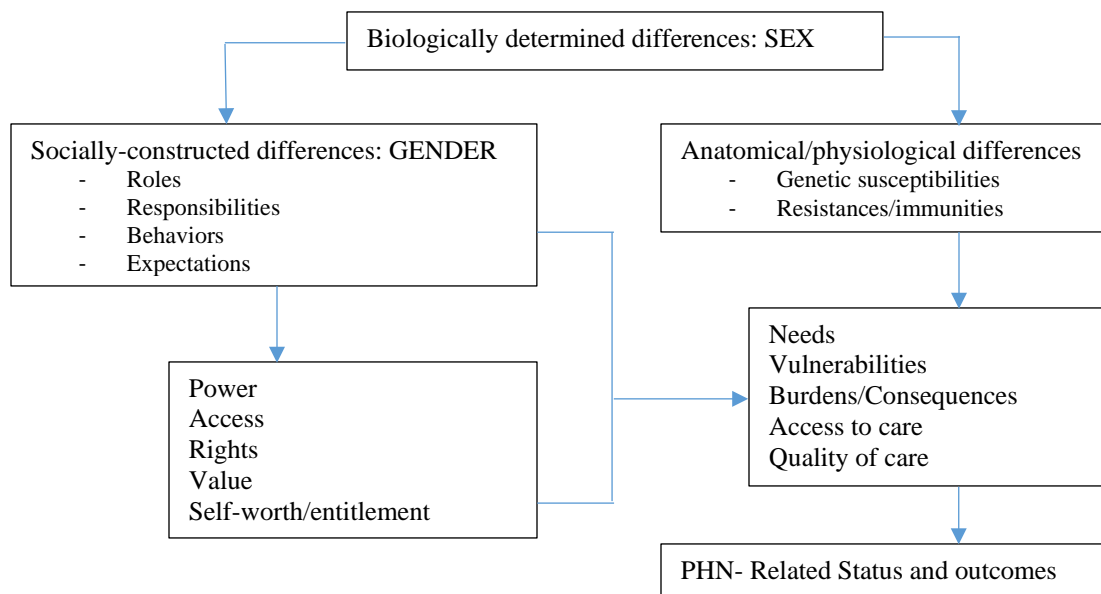
DHS has been engaged in data collection in the area of health, and they have also been involved in administering surveys and building research capacity in many countries. The DHS website has made datasets publicly available for researchers. India is one of the countries participating in this survey. So far, three surveys have been conducted in India under the name of National Family Health Survey (NFHS). The first NFHS in India was completed in 1992-1993, the second NFHS was conducted from 1998-1999, and the third NFHS was conducted in 2005-2006. Besides regular demographic and health questions, the NFHS-2 included additional questions on social programs, reproductive health, domestic violence, and women's empowerment.

Over the years, especially after 1997, the emphasis on gender-related questions increased especially in regards to autonomy, decision-making, and domestic violence. These broader items related to gender were added to traditional questions on reproductive health. The objective of DHS was to explore the new gender-related data with a major emphasis on demographic and reproductive health outcomes to help shape gender-sensitive public policies. Similar questionnaires were implemented in more than 20 countries. The motivation to include the questions on gender was primarily to understand the relation between gender and sex, and the effect of sex and gender together and separately on Population/Health/Nutrition (PHN) (See Figure 4.1). On the basis of this conceptualization of gender, DHS added four sets of gender empowerment related questions in 1999: namely, items on (1) women's participation in household decision-making, (2) gender-related hurdles in accessing health care, and (3 & 4) women's



acceptance of gender-role norms that justify men's control over women. A domestic violence module was further updated in 2006 with items in the area of emotional violence, physical violence, and sexual violence. This domestic violence module adapted a modified version of the 19-item Conflict Tactics Scale (CTS) originally developed by Murry Straus to assess spousal violence (Kishor & Johnson, 2004; Straus, 1979). The modified scale has 15 acts of physical and sexual violence, if the respondents report experiencing any of those acts, it is considered as having experienced domestic violence.

Figure 4.1 *Sex, Gender and Population/Health/Nutrition (PHN)*



This research is based on the National Family Health Survey (NFHS), India III that contains data on a variety of indicators with an updated list of items on empowerment indicators, domestic violence, and other relevant demographic indicators. This third wave of data provided an opportunity to analyze data from different perspectives of inequalities. NFHS-III advances the findings of the first NFHS conducted during 1992-1993, and the NFHS-II was carried out during 1998-1999. The Demographic

and Health Surveys (DHS) and National Family Health Survey (NFHS) survey questionnaires, sample design, and data collection process are designed to be universally comparable across countries and regions.

### **Data and Sample Description**

The National Family Health Survey (NFHS) III data was collected during 2005-2006. This was a nationwide survey based on a probability sample of women in the age group of 15 to 49 years ( $N=124,385$ ). The women's household module on "Domestic Violence" was included. Random selection was used to select domestic households for interviews. In each selected household one eligible woman was chosen to complete the Domestic Violence module, a total of 83,703 women were administered the gender-based violence module. Across caste and ethnic background domestic violence respondents included 69,484 ever-married women and so excluded women who were "never married" ( $n = 13,999$ ) and "Married but Gauna<sup>7</sup> not performed" ( $n = 220$ ).

The sample of this present study comprised of Scheduled Caste women ( $n=12,069$ ) and Non-Scheduled Caste/Scheduled Tribe women ( $n = 45,390$ ). This sample excludes never married women and married but gauna not performed women. The national DV is weighted by dividing V005 by 100,000 to have a representative sample on DV (National DV weight=V005 is provided by DHS).

### **Research Objectives**

Previous studies on domestic violence and empowerment using the National Family Health Survey III largely focused on examining the demographic and other variables in relation to domestic violence. However, there is a research gap where the

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<sup>7</sup> In India after the child marriage, the girl and the boy live with their own parents. At the age of maturity, a ceremony called "Gauna" is performed. After this ceremony the marriage is consummated.

domestic violence and empowerment analysis study for Scheduled Caste is understudied. Scheduled Caste women face a triple layer of discrimination of caste, class, and gender. And there is hardly any study using the National Family Health Survey examining issues of domestic violence and empowerment of Scheduled Caste women. Hence, this research is an effort to address this research gap.

This research empirically tests the associations and explores the factors influencing Scheduled Caste women's likelihood of experiencing domestic violence and the association of empowerment and justification of domestic violence.

The specific aims of this research are:

1. To describe the personal, household, and partnership variables of Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women and the empowerment factors associated with experiences of domestic violence. The distribution of these variables are presented using bivariate analysis.
2. To examine empowerment variables and their impact on the likelihood of domestic violence among Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women.  
H1= Women who are more empowered are less likely to experience domestic violence.
3. To examine the association of empowerment, domestic violence, gender norms, and their impact on the likelihood of justification of violence among Scheduled Caste and Non-Scheduled Caste/Scheduled Tribe women.  
H1= Women who are more empowered are less likely to justify domestic violence.

## Data Analysis Method

Various data analyses are conducted using exploratory cross-tabulation of variables, correlation of variables, and logistic regression analysis with the aid of IBM SPSS 24 and StataSE 14. Data analysis for achieving three aims of the research are listed below.

**AIM I.** To achieve the first aim of research, the different empowerment indicators of decision- making on the social, economic, and family levels are analyzed. The distribution of domestic violence (on physical, sexual and emotional level), household and respondent level demographic characteristics, and the empowerment indicators amongst Scheduled Caste women is explored and described. It is compared with non-Scheduled Caste/Scheduled Tribe women. The respondent's demographic profile include age, education, the number of children, and employment status. Data analysis tests include univariate and bivariate analysis with chi-square significance to explore potential associations between demographic variables, health, gender attitude/men's controlling behavior, empowerment indicators, and "the likelihood of violence (physical, emotional, and sexual)."

**AIM II.** The second aim is to examine the association of empowerment and experiences of domestic violence amongst Scheduled Caste women and non-Scheduled Caste (SC)/ Scheduled Tribe (ST) women. Logistic regression analysis is conducted to determine the likelihood of domestic violence and linkages with empowerment variables. The regression analysis is explained below:

$$\eta(DV) = \beta_0 + \beta_1(\text{Freedom-Movement}) + \beta_2 (\text{Decision Making}) + \beta_3 (\text{Healthcare decision}) + \beta_4 (\text{Own Money}) \dots\dots\dots\beta_{18} (\text{Ability to Refuse Sex})$$

Here  $\eta(\text{DV})$  is the odds of experiencing DV and  $\beta_0$  is the intercept that signifies the likelihood of DV when the predictors are zero in the model.

$\beta_1$  till  $\beta_{18}$  are the logs of odds of DV that represents the predictors of empowerment indicators include women's decision-making autonomy (household, financial, and personal healthcare), and capability (freedom of movement, personal money, working for pay, bank account), gender attitudes, and exposure to media.

This above equation is run on four models, first unadjusted model, second, adjusted for the household characteristics, third, adjusted for household and personal characteristics, and fourth, adjusted for household, personal, and partner characteristics.

The dependent variable for this aim is the likelihood of domestic violence that includes ever physical, emotional, and sexual abuse. The household characteristics include the place of residence (rural/urban), family structure (nuclear/ non-nuclear family), and wealth index. The models of regression analysis are adjusted for the individual, household, and difference of partner's characteristics.

**AIM III.** Third aim of this research is to examine the association of empowerment, domestic violence, gender norms, and their impact on the likelihood of justification of violence among SC and non-SC/ST women. The dependent variable for this aim is the likelihood of justifying domestic violence. The independent variables are empowerment variables, domestic violence, gender norms on sexual autonomy, and men's controlling behavior. This aim is crucial to understand the determinants of justification of violence attitude among women. Logistic regression analysis is conducted to examine the likelihood of justification of domestic violence in relation to the empowerment variables, gender attitude, and domestic violence.

$$\eta \text{ (Justification of DV)} = \beta_0 + \beta_1(\text{Freedom-Movement}) + \beta_2 \text{ (Decision Making)} + \beta_3 \text{ (Healthcare Decision)} + \beta_4 \text{ (Own Money)} \dots \beta_{18} \text{ (No DV)}$$

Here  $\eta$  (Justification of DV) is the odds of justifying the DV.  $\beta_0$  is the intercept that signifies the likelihood of justifying DV when the predictors are zero in the model.  $\beta_1$  through  $\beta_{18}$  are the logs of odds of justifying DV those are represented by predictors of empowerment variables. The four models of regression analysis are consecutively adjusted for the individual, household, and difference of partner's characteristics.

### **Independent and Dependent Variables**

This section explains the background demographic individual and household variables, partner's characteristics, dependent variables and independent variables. The dependent variable for second aim is ever experience of domestic violence, and the dependent variable for the third aim is justifying of violence. Independent variables are empowerment variables- Household decision making, healthcare decision making, economic autonomy, sexual autonomy, exposure to media, and gender attitude.

The variables that are combined are checked for factors analysis and internal reliability analysis to see if they significantly go together. In all variables where the Cronbach's alpha coefficients were 0.70 or higher (this is considered statistically acceptable) were considered for combining into one variable (Lance, Butts, & Michels, 2006).

### **Dependent Variables**

The dependent variable for this proposed research is the occurrence of domestic violence among Scheduled Caste women. The National Family Health Survey III adapted Murray Straus's Conflict Tactics Scale (CTS) on domestic violence (IIPS, 2007). This

scale covers specific acts of domestic violence in three areas: 1) emotional, 2) physical (severe, less severe), and 3) sexual.

Table 4.1 *Dependent Variables*

Variables	Original Codes	Revised Codes
<u>Experience of Violence</u>		
1. Emotional Violence	0= No, not at all	1= Ever experienced any DV
- Say or do something to humiliate you in front of others?	1= Yes, often in the last 12 months	0= Not experienced DV
- Threaten to hurt or harm you or someone close to you?	2= Yes, sometimes in the last 12 months	
- Insult you or make you feel bad about yourself?	3= Yes, but not in last 12 months	
2. Physical Violence	4= Yes, but now widowed	
- Push you, shake you, or throw something at you?		
- Slap you?		
- Punch you with his fist or with something that could hurt you?		
- Kick you, drag you or beat you up?		
- Try to choke you or burn you on purpose?		
- Threaten or attack you with a knife, gun, or any other weapon?		
- Twist your arm or pull your hair?		
3. Sexual Violence		
- Physically force you to have sexual intercourse with him even when you did not want to?		
- Force you to perform any sexual acts you did not want to?		

The following are the original questions on domestic violence:

Does/did your husband ever do any of the following things to you?

- 1). Emotional violence covers (see list in Table 4.1)
- 2). Physical Violence covers (see list in Table 4.1)
- 3). Sexual (Physical) Violence covers (see list in Table 4.1)

The original responses to these questions were 0 for “No, not at all”; 1 for “Yes, but now widowed”; 2 for “Yes, but not in the last 12 months”; 3 for “Yes, sometimes in the last 12 months”; 4 for “Yes, often in the last 12 months.” For the purpose of analysis, the dichotomous variable for “ever experiencing” any incidences of domestic violence were developed using code 1 for “ever experienced any domestic violence” listed in column and 0 for “no experience of domestic violence.”

## Women's Demographic Profile

Demographic variables are listed in Table 4.2 includes women's demographic profile includes age, age at marriage, marital duration, education, and religion. Some of the variables codes are revised for the purpose of analysis.

Table 4.2 *Demographic Variables*

Variables	Original Codes	Revised Codes
Head of the Household - Male - Female	1=Male 2=Female	0=Male 1=Female
Age		As it is
Age at 1 <sup>st</sup> Marriage	Age in number of years	0= 1-17 years; 1= 18-20years 2= 21 & more years
Marital duration (grouped) (excludes: married gauna not performed)	1=0-4yrs; 2=5-9 yrs;3=10-14 yrs;4=15-19 yrs;5=20-24 yrs;6=25-29 yrs;7=30+	0=0-9 years 1=10-19 years 2= 20 and above years
Education	0=No Education; 1= Primary; 2= Secondary; 3=Higher	As it is
Religion	1=Hindu;2=Muslim;3=Christian; 4=Sikh;5=Buddhist;6=Jain;7=Jewish;8= Parsi;9=No Religion; 96=other	1=Hindu; 4=Sikh; 5=Buddhist; 6= all others

## Household Characteristics

Household characteristics (Table 4.3) include residential location (urban or rural), family structure (nuclear or extended), and household wealth quintile. The revised code for urban residence is 1 and rural residence is 0. The family structure codes are 1 for nuclear family and 0 for non-nuclear.



Table 4.3 *Household Characteristics*

Variables	Original Codes	Revised Codes
Residence	1 = Urban 2 = Rural	0 = Urban* 1 = Rural
Wealth Quintile	1 = Poorest 2 = Poorer 3 = Middle 4 = Richer 5 = Richest	0 = Poorest* 1 = Poorer 2 = Middle 3 = Richer 4 = Richest
Household Structure	1 = Nuclear 2 = Non-Nuclear	0 = Non-Nuclear* 1 = Nuclear
Witness to DV as a Child - Father Beat - Father didn't beat	0 = No; 1 = Yes; 8 = Don't know	Father beat mother 0 = Yes* 1 = No
Number of Children/ Number of living children	1, 2, 3, 4, 5....	0 = No children* 1 = 1-2 children 2 = 3-4 children 3 = 5 or more children
Has at least one daughter		0 = No daughter* 1 = At least a daughter
Has at least one son		0 = No son* 1 = At least a son
Has no children		0 = No children* 1 = 1 or more children
Living son and daughter		0 = No child* 1 = Only son 2 = Only daughter 3 = Both

*Note.* The star marks are the reference categories for analysis

Household wealth quintile is 1 for poorest, 2 for poorer, 3 for middle, 4 for richer, and 5 for richest. For the exposure to domestic violence during childhood question, (“Did your father ever beat your mother?”), possible earlier responses were 0 for No, 1 for Yes, and 98 for don't know. For the purpose of analyses, codes were recoded as 1 for “No” and 0 for “Yes.” Variable response zero being the challenging situation and one is relatively empowering.

### **Partners' Difference of Characteristics**

Variables under the partners' difference of characteristics were coded as follows (see Table 4.4). The difference between wife and husband is in terms of age, education, and earning were calculated. The alcohol use by the husband is also listed, and husband's not drinking is used a reference category for regression purpose.

Table 4.4 *Partners' Difference of Characteristics*

Variables	Description	Revised Codes
Age Difference	Difference of women's age as compared to her husband	0 = Older, same or young by 2yrs* 1 = Younger by 3-5 yrs 2 = Younger by 6+ yrs
Education difference	Educational difference between women and her husband	0 = Less than him* 1 = Same or More than him
Earning difference	Earning difference between women and her husband	0 = Less than him* 1 = Same or More than him
Husband alcohol use	0 = Partner doesn't drink* 1 = Partner drinks alcohol	0 = Partner doesn't drink* 1 = Partner drinks alcohol

*Note.* The star marks are the reference categories for analysis

### Dependent Variable- Empowerment Variables

Empowerment variable for this research comprised of freedom of movement, household decision making, healthcare decision making, economic autonomy, media exposure, gender norms and attitude. Table 4.5 lists original and revised codes for freedom of movement, household decision making, and health care decision-making variables. The reference categories for regression analysis are marked in star.

**Freedom of movement.** Respondents were asked if they were allowed to go to a) market, b) health center, and c) places outside village/community. The answers for these questions were if women were allowed by their husband to go alone, with someone else or not at all. This variable is used for analysis of univariate statistics. Each question is then coded as dichotomous variable “yes” for if she can go alone and “no” for if she cannot go alone. The summative score was also used in descriptive statistics, where the “decisions to allowed to go alone” were calculated using number of places she can go alone. For example, if she can go to market and health center only, total score will be 2. For the purpose of regression analysis “wife's mobility variable” is developed considering if respondent answer “yes” to any of these locations she can go alone, then it

was coded as 1 for mobility and 0 is coded if she responds no to all then no mobility. The reference category for this variable was “0” as no mobility.

**Household decision making.** NFHS-3 survey had questions on household decision making power of women respondents in terms of large household purchases, daily needs household purchases, and visit to family relatives. And the answers were respondents alone, respondents and husband jointly, respondents and other person, husband alone, someone else or other. This variable was converted in looking at wife’s participation as alone or jointly with husband. If she makes at least one decision alone or jointly with husband, it was codes as “1”, else it was coded as “0.” And the no participation (“0”) is reference category for regression analysis.

Table 4.5 *Empowerment Variables*

Variables	Original Codes	Revised Codes
1. Freedom of movement - allowed to go to market - allowed to go to health center - allowed to go to places outside village/ community	Freedom of movement 1 = Alone; 2 = With someone else; 3 = Not at all  If any of the three cases yes than yes mobility, else no mobility	Freedom of movement 1= Alone; 0= With someone else or Not at all ----- Summative of each response (0-3) 0 = No mobility* 1 = Yes mobility
2. Household decision making - large household purchases - daily needs household purchases - visiting family relatives	1= Respondent alone; 2 = Respondent & husband; 3 = Respondent & other person; 4 = Husband alone; 5 = Someone else; 6 = other	0 = No participation* 1 = At least one decision alone or jointly with husband
3. Healthcare decision making (Final say on own health care)	1 = Respondent alone; 2 = Respondent & husband; 3 = Respondent & other person; 4 = Husband alone; 5 = Someone else; 6 = other	0 = No participation either alone or with husband* 1= If respondent/ women alone or with husband

*Note.* The star marks are the reference categories for analysis

**Healthcare decision making.** Next empowerment variable was healthcare decision making autonomy of women, if they have healthcare concerns who make decisions on healthcare. The responses were respondents alone, respondents and husband jointly, respondents and other person, husband alone, someone else or other. This variable was recoded in dichotomous variable, “1” for if women makes decision alone or jointly with husband, and “0” if she does not make decision either alone or with husband. The reference category for this variable is “0”, if she does not have decision making power.

**Economic autonomy.** Economic autonomy is crucial empowerment variable that includes a) having money for own use, b) having a bank/savings account, c) wife works for pay, d) wife has decision making power on her own earnings, and e) wife has decision making power on her husband’s earnings. These variables are listed in Table 4.6; the revision of responses were made and the reference categories for regression analysis is marked by star.

Table 4.6 *Empowerment Variables: Economic Autonomy*

Variables	Original Codes	Revised Codes
Money for her own use	0 = No; 1 = Yes	0 = No*; 1 = Yes
Work for pay	0 = Not paid; 1 = Cash only; 2 = Cash and kind; 3 = In kind only	0 = No work for pay* 1 = Work for pay
Bank/savings account	0 = No ;1 = Yes	0 = No* ;1 = Yes
Final say on deciding what to do with own earning	1 = Respondent alone; 2 = Respondent & husband (Jointly); 4 = Husband alone; 5 = Someone else;	0 = Husband alone* 1 = Jointly 2 = Respondent/wife alone 3 = Someone else
Final say on deciding what to do with money husband earns	1 = Respondent alone; 2 = Respondent & husband (Jointly); 4 = Husband alone; 5 = Someone else; 6 = Other 7 = Husband has no earnings	0 = Husband alone* 1 = Jointly 2 = Respondent/wife alone 3 = Other

**Media exposure.** The variable on media exposure (Table 4.7) to the respondents, had three questions on frequency of reading newspaper or magazine, frequency of listening to radio, and frequency of watching television. The original responses for these questions were not at all, less than once a week, at least once a week, and almost every day. These questions were revised with a response on at least once a week if they had exposure to reading newspaper/magazine, listening radio, and watching TV, the responses were yes and no. The reference category for the purpose of regression was “0” no response.

Table 4.7 *Empowerment Variable: Media Exposure*

Variables	Original Codes	Revised Codes
Exposure to media - Frequency of reading newspaper or magazine - Frequency of listening to radio - Frequency of watching television	0 = Not at all 1 = Less than once a week 2 = At least once a week 3 = Almost every day	
At least once a week read newspaper or magazine		0 = Don't read 1 = Read
At least once a week listening to radio		0 = Don't listen 1 = Listen
At least once a week watching television		0 = Don't watch TV 1 = Watch

**Gender norms and attitudes.** Gender norm and attitudes has three sections - a) women's justification of domestic violence, b) acceptance of norms about women's refusal of sex, and c) man's controlling behavior. They are explained below.

***Women's justification of domestic violence.*** The justification of domestic violence is used as both independent and dependent variables. To achieve the second aim, it is used as an independent variable. For the purpose of the third aim of this research justification of violence is the dependent variable. The first question on women's justification of violence has a list of seven sub-questions - if women justify the husband's violence a) if she goes out without telling him, b) if she neglects the children, c) if she

argues with him, d) if she refuses to have sex with him, e) if she burns the food, f) if she is unfaithful, and g) if she is disrespectful to in-laws. The response categories for these questions were yes, no, or do not know. This response category is recoded for regression purposes as listed in Table 4.8. In recoded category, she justifies violence is “0” if her response is yes to any of the seven scenarios, and “1” if her reply is no to none of the questions. The reference category is she justifies violence (“0”).

***Ability to refuse sex.*** NFHS-3 has questions on women’s acceptance of norms about women’s refusal of sex, in the situations, a) husband has STD, b) husband has sex with other women, c) tired or not in the mood. The original responses were yes, no, or do not know. The revised composite variable for any of these three situations is she does not refuse to have sex, the revised response category was no (“0”), and if she refuses to have sex in all the situations, the response is yes (“1”). The reference category for regression analysis is she does not justify violence (“0”).

***Controlling behavior.*** This section has questions on man’s controlling behavior and his trust with his wife, they are listed as – a) the husband is jealous if the respondent talks with other men, b) the husband accuses the respondent of being unfaithful, c) the husband does not permit the respondent to meet her lady friends, d) the husband tries to limit the respondent's contact with family, e) the husband insists on knowing where the respondent is, f) the husband doesn't the trust respondent with money. The original responses to these questions were yes, no, and do not know. The revised responses as explained in Table 4.8 were converted in dichotomous variable, “0” (yes) for any of the six behavior the response is yes, and “1” (no) if all of the responses are no. The reference category for this variable is “0,” the man has controlling behavior.

Table 4.8 *Empowerment Variable: Gender-Role Norms and Attitude*

Variables	Original Codes	Revised Codes
1. Acceptance of norms about men's 'right' to beat their wives, that justify men's control over women - If she goes out without telling him - If she neglects the children - If she argues with him - If she refuses to have sex with him - If she burns the food - wife is unfaithful - justifies hitting or beating: wife is disrespectful to in-law	0 = No 1 = Yes 8 = Don't know	0 = Justify violence * 1 = Does not justify violence
2. Acceptance of norms about women's refusal of sex	Justify refusing to have sex with her husband when she knows: - He has STD - He has sex with other women - She is tired/ not in mood	0 = Don't refuse in all three cases* 1 = Refuse sex in any of the three cases
3. Man's controlling behavior - Husband jealous if respondent talks with other men - Husband accuses respondent of unfaithfulness - Husband does not permit respondent to meet her girl friends - Husband tries to limit respondent's contact with family - Husband insists on knowing where respondent is - Husband doesn't trust respondent with money	0 = No; 1 = Yes; 8 = Don't know	0 = No* 1 = Yes

### Ethical Considerations

To conduct this survey, IRB of Opinion Research Corporation (ORC), Macro International Corporation was duly obtained. They have observed caution and sensitivity while designing the module on domestic violence and implementing the survey. National Family Health Survey 3 volume 1 by International Institute for Population Sciences (2007) lists some of the ethical measures that were undertaken by the research agency are explained on following pages.

This research is focused on violence by a husband against women in the past 12 months. Although this research had a question for women respondents on whether they hurt their husband in past 12 months, the response rate was extremely low, out of 83,703

women only 661 responded. Questions on domestic violence in past 12 months were not asked to widows, but they were asked about ever experiencing any violence. This question was relevant to them as they were not in relationship in the last one year. Understanding of what constitutes domestic violence varies from person to person and culture to culture. Sometimes the being slapped may not be considered as domestic violence, it might be assumed that it is a part of cultural norms in order to justify such violence. For example, asking specific forms of violence was more relevant than merely asking about domestic abuse or domestic violence. The specific questions like whether she has ever been slapped were included to capture the multiple forms of violence.

The section on domestic violence in the survey was not administered to all women in the household. This was part of NFHS III survey strategy built into questionnaire to maintain confidentiality and to protect respondents from any potential security threats. Part of the strategy in sample selection was to protect the respondent. Among the domestic violence sample households only one eligible woman was interviewed; however, in households who had more than one eligible woman, a selection process was designed based on the Kish Grid scale that was built into the household questionnaire (IIPS, 2007). This strategy was helpful to maintain confidentiality by interviewing only one woman even if there were more eligible women in the household. The caution was taken that the men in the household were not asked questions related to domestic violence.

The data collection process involved obtaining informed consent of the respondents to protect the privacy and safety of the interviewees. It was also informed to participants about their right to withdraw from the survey at any point during the survey.



The informed consent was read out to the participant. Respondents were assured that their information would be kept confidential and no other members of the household will be asked any of these questions.

The respondent selected for the domestic violence module was interviewed only if the privacy was possible. The survey had a question on the reasons for interruption of the interview, due to interference by the husband or other males or females in the household. Around 477 women were selected but their interview was stopped due to privacy concerns. Conducting interviews on such a sensitive topic remains a significant challenge not only to respondents but also to the researchers. Irudayam and colleagues (2014) elaborated their challenges in data collection process for their study on domestic and public violence against Scheduled Caste women. It was observed that the respondents and researchers were threatened and harassed by upper caste people in the villages.

Special research training was given to the interviewers considering the sensitive nature of questions, and the possibility that the perpetrator of violence may be present while conducting an interview, and potential feelings of shame and fear by respondents. The field interviewers were given special training on gender sensitivity and awareness about women's issues. Training emphasized the importance of confidentiality for respondents and interviewers.

## **Chapter 5 Findings**

This chapter presents the results of the analysis of the National Family Health Survey- 3 on the domestic violence (DV) module. The first aims of this research was to describe the SC and non-SC/ST- personal, household, and partnership variables and the factors associated with experiences of DV and empowerment. The distribution of these variables is presented using bivariate analysis. The second aim was to examine the empowerment variables and their impact on the likelihood of DV among SC and non-SC/ST women. The study hypothesized that women who were more empowered are less likely to experience DV. The third aim was to examine the association of empowerment, DV, gender norms, and their impact on the likelihood of justification of DV among SC and non-SC/ST women. The study hypothesized that women who were more empowered are less likely to justify DV. This chapter discusses the findings on each aims of the research.

### **AIM One**

The first aim of this research was to explore the relations of personal, household, and partnership variable with experiences of DV using univariate distribution analysis. In realizing this aim, the distribution of variables was conducted to explore emotional, physical, and sexual violence, respondents' demographic background, household background variables, and partner relation variables. A bivariate distribution analysis is conducted to examine association of women's experiences of DV with empowerment variables and gender attitudes.

## Demographic Variables in the Study

Descriptive univariate statistics of demographic variables, empowerment variables, men's controlling behavior of ever married women from Scheduled Caste and Non Scheduled Caste/Scheduled Tribe Population are presented in Table 5.1. - Table 5.11. The sample size for SC was  $n = 12,069$ , and for non-SC/ST women it was  $n = 45,390$ .

Table 5.1 *Wife and Husband Background Variables*

Variables	SC (n=12,069)	Non-SC/ST (n=45,390)
	Mean (SD)	Mean (SD)
Wife's age (years)	31.1 (8.8)	32 (8.6)
Partners' age (years)	36.4 (9.7)	37.4 (9.6)
Education (years)	3.7 (1.6)	3.9 (1.6)
Partners Education (years)	3.3 (9.1)	3.8 (7.9)
Age at marriage (years)	15.6 (3.8)	16.7 (4.1)
Number of living children	2.6 (1.7)	2.5 (1.7)

*Note:* SC=Scheduled Caste, Non-SC/ST= Non Scheduled Caste/Scheduled Tribe

Table 5.1 elaborates demographic variables including age, partner's age, education, partner's education, age at marriage, and a number of living children. The average age of the SC women was 31 years ( $SD = 8.8$ ), and the mean age of the partner was 36.4 years ( $SD = 9.7$ ). Average years of education of SC women was 3.7 years and average years of schooling of partners has 3.3 years. Moreover, their mean age at the time of marriage was 15.6 years, and they had on an average 3 living children.

The mean age of non-SC/ST women was 32 years, and they had average schooling of 3.9 years (Table 5.1). As compared to their counterparts, the male-female mean age difference was 5.4 years. Like SC respondents, the non-SC/ST women had studied on average more years than their husbands. The mean age (16.7 years) of the non-SC/ST women at the time of marriage was 1.07 times higher than SC women. Non-SC/ST women had average of 3 children in their family.

Table 5.2 *Experience of Domestic Violence (DV)*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	n (Unweighted)	Percent (Weighted)	n (Unweighted)
Ever experience of DV	48.1	5,414	36.6	14,837
Emotional violence	19.4	2,141	14.4	5,864
Physical violence	43.5	4,950	32.0	13,001
Sexual violence	12.7	1,316	8.8	3,415
<i>Note:</i> Percent based on weighted national DV; and unweighted Ns				

Table 5.2 shows almost one in two women from the Scheduled Caste reported DV (48.1%). Over one-third (36.6%) of non-SC/ST women reported at least one type of emotional, physical, or sexual violence. Among SC women, 19.4% of them suffered emotional violence, 43.5% of them faced physical violence, and 12.7% of them faced sexual violence. And among non-SC/ST women, 14.4% reported emotional violence, 32% reported physical violence and 8.8% reported sexual violence. Across all types of domestic violence SC women reported higher percent of DV than non-SC/ST women.

Table 5.3 describes individual characteristics of respondents. Only 13.1% of SC families had a female head of the household compared to 12.8% of Non-SC/ST women. Age at the time of marriage was 17 years or below (legal age for marriage is 18 years) for 72.9% of SC women and 61.2% of non-SC/ST women.

Table 5.3 *Descriptive Statistics of Respondents/Wife's Variables*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Head of the household				
Male	86.9	10,610	87.2	39,830
Female	13.1	1,459	12.8	5,560
Age at first marriage (years)				
1-17	72.9	7,819	61.2	23,048
18-20	19.3	2,742	24.0	11,912
More than 21	7.8	1,507	14.7	10,429
Marital duration (years)				
0-4	18.0	1,903	17.4	7,219
5-9	19.0	2,472	19.3	9,303
10-14	16.5	2,375	17.1	9,311
15-19	16.0	2,121	16.0	7,882
20-24	13.6	1,531	14.0	5,842
25-29	11.1	1,108	10.9	4,033
30+	5.8	559	5.3	1,800
Education				
No education	60.0	6,355	42.3	15,613
Primary	14.8	1,964	15.7	6,863
Secondary	23.1	3,363	34.9	17,804
Higher	2.1	386	7.1	5,106
Religion				
Hindu	90.6	10,691	80.3	35,898
Sikh	2.2	363	1.8	1,017
Buddhist	4.0	502	0.1	64
Others	3.2	507	17.9	8,400

*Note:* Percent based on weighted national DV; and unweighted Ns

Table 5.3 shows marital duration ranged from categories of 0-4 years up to 30 or more years. Among SC women 60% had no education compared to 42.3% of non-SC/ST women. The respondents predominantly belonged to the Hindu religion (91% of SC women, 80% of the non-SC/ST women). Only three categories of religion are listed here for this research as SC communities legally belonged to one of three religions- Hindu, Buddhist, or Sikh.

Among SC respondents 72.6% were from rural regions compared to 65.7% of non-SC/ST respondents. Moreover, non-SC/ST respondents were more likely to live in urban regions (34.4%) as compared to SC respondents (27.4%) (See Table 5.4).

Table 5.4 *Descriptive Statistics of Household Demographic Variables*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Residence				
Rural	72.6	7,141	65.7	23,184
Urban	27.4	4,928	34.4	22,206
Wealth Quintile				
Poorest	26.9	2,347	13.6	4,475
Poorer	24.9	2,512	18.0	6,226
Middle	21.1	2,781	20.6	8,399
Richer	16.8	2,623	22.6	11,063
Richest	10.4	1,806	25.2	15,227
House Structure				
Nuclear	44.5	4,318	49.9	18,008
Non-nuclear	55.5	7,363	50.1	25,837
Witnessed father beat mother				
No	76.8	9,497	83.3	38,319
Yes	23.2	2,565	16.7	7,017
Number of living children				
No children	11.3	1,173	11.1	4,380
1-2	39.3	5,134	45.7	23,398
3-4	35.3	4,432	32.7	14,080
>5	14.0	1,330	10.5	3,532
Has at least one daughter				
No daughter	37.9	4,665	40.7	19,092
At least 1 daughter	62.1	7,404	59.3	26,298
Has at least one son				
No son	29.2	3,323	29.8	12,911
At least 1 son	70.9	8,746	70.2	32,479
Have no children				
No Children	11.3	1,173	11.1	4,380
>1 children	88.7	10,896	88.9	41,010
Living son and daughter				
No child	11.3	1,173	11.1	4,380
Only 1 or > 1 son	18.8	2,562	21.6	11,220
Only 1 or > 1 daughter	14.7	1,774	14.6	6,877
Both	55.2	6,560	52.7	22,913

*Note:* Percent based on weighted national DV; and unweighted Ns

Table 5.4 describes the household wealth quintile sharing that 27% of SC women were rated poorest and 10% were rated richest. Amongst non-SC/ST women, 13.6% were rated poorest and 25% as richest. Household structure in India is predominantly a joint family structure where the grandparents, their children, and grandchildren live together. A nuclear family consisting of only husband and wife and their children constituted 44.5% of SC women and 49.9% amongst non-SC/ST women. The proportion of women who witnessed their father committing DV was 23.2% among SC and 16.7% among non-

SC/ST. 62.1% of SC women reported that they had at least one daughter compared to 59.3% of non-SC/ST women. A similar proportion of SC and non-SC/ST respondents (70%) reported they had at least one son. About 14% of both SC and non-SC/ST women had one or more daughters.

Table 5.5 shows differences between partners with regard to their age, education, and earnings. Only 20.9% of SC and 20.5% of non-SC/ST women were older or same or young by two years than their husbands, and 43% of SC women and 43.5% of non-SC/ST women were younger in age than their spouse by six years or more. For both SC (60.7%) and non-SC/ST (64.3%) women, their education was the same or higher compared to their husband's education. SC and non-SC/ST women both earned less than their spouses, 78% and 75.8%, respectively. SC men (42.9%) were higher in proportion with regard to alcohol consumption when compared to non-SC/ST men (28.2%).

*Table 5.5 Partnership Characteristics*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Age Difference				
Older, same or young by				
2yrs	20.9	2,406	20.5	8,979
Younger by 3-5 yrs	36.2	4,035	36.1	15,170
Younger by 6+ yrs	43.0	4,815	43.5	18,858
Education difference				
Less than him	39.3	2,204	35.7	10,647
Same or More than him	60.7	3,499	64.3	19,076
Earning difference				
Less than Him	78.0	2,985	75.8	7,730
Same or More than him	22.0	903	24.3	2,664
Husband alcohol use				
No	57.1	6,529	71.8	30,754
Yes	42.9	5,532	28.2	14,585

*Note:* Percent based on weighted national DV; and unweighted Ns

### **Empowerment Variables**

Table 5.6 presents descriptive data on the empowerment variables relating to women's mobility to places of the market, healthcare facility, and outside the

village/community. Among SC women 56.2% compared to 54.4% of non-SC/ST women could go to the market alone. Similarly, 53.9% of SC women and 51.9% of non-SC/ST women could visit a healthcare facility alone. Moreover, less than half (42.3%) of SC women and non-SC/ST women (41%) were allowed go to places outside their village or community alone. More than 50% of women had restricted mobility to travel outside their home. Table 5.6 further reclassifies the variables into dichotomous variable which shows similar results.

**Table 5.6 Empowerment Variable- Freedom of Movement**

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Allowed to go to market				
Alone	56.2	7,493	54.4	28,841
With someone else	32.5	3,475	33.1	12,408
Not at all	11.3	1,100	12.6	4,135
Allowed to go to health facility				
Alone	53.9	7,086	51.9	27,056
With someone else	41.7	4,569	43.7	16,820
Not at all	4.4	414	4.5	1,505
Allowed to go to places outside this village/community				
Alone	42.3	5,422	41.0	21,487
With someone else	49.1	5,754	51.1	21,044
Not at all	8.6	892	7.9	2,848
Allowed to go to market alone				
No	43.8	4,575	45.6	16,543
Yes	56.2	7,493	54.4	28,841
Allowed to go to health facility alone				
No	46.1	4,983	48.1	18,325
Yes	53.9	7,086	51.9	27,056
Allowed to go to places outside this village/community alone				
No	57.7	6,646	59.0	23,892
Yes	42.3	5,422	41.0	21,487
Allowed to go alone decision				
0	38.6	3,977	40.7	14,506
1	8.7	1,126	8.4	4,020
2	14.3	2,017	13.9	7,201
3	38.4	4,947	37.0	19,652

*Note:* Percent based on weighted national DV; and unweighted Ns



Table 5.7 *Empowerment Variables- Household Decision Making*

Variables	SC		Non-SC/ST	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Final say on making large household purchases				
Husband alone	33.9	3,671	31.2	12,685
Jointly	43.4	5,460	44.7	22,177
Respondent alone	9.5	1,183	8.5	3,867
Someone else	13.2	967	15.7	4,360
Final say on making household purchases for daily needs				
Husband alone	25.1	2,820	23.7	9,740
Jointly	28.1	3,353	27.2	12,716
Respondent alone	33.6	4,154	33.2	16,165
Someone else	13.2	955	16.0	4,469
Final say on visits to family or relatives				
Husband alone	29.0	3,061	25.5	10,100
Jointly	48.0	5,944	50.4	24,043
Respondent alone	12.1	1,508	10.8	5,354
Someone else	10.9	769	13.4	3,595
Husband alone decisions				
0	53.9	6,276	57.6	25,739
1	18.6	2,027	17.8	7,460
2	13.2	1,409	11.5	4,602
3	14.3	1,569	13.2	5,287
Joint decisions				
0	41.7	4,139	40.3	14,616
1	19.5	2,265	19.4	8,606
2	16.4	2,140	18.2	9,271
3	22.5	2,737	22.1	10,595
Wife alone decisions				
0	62.7	6,679	63.7	25,491
1	24.6	3,009	24.8	11,961
2	7.5	944	6.7	3,487
3	5.2	649	4.7	2,149
Wife at least jointly or alone				
No	25.5	2,327	26.2	8,656
Yes	74.5	8,954	73.8	34,432

*Note:* Percent based on weighted national DV; and unweighted Ns

Table 5.7 describes the household decision-making autonomy of women. Only 9.5% SC women and 8.5% of non-SC/ST women reported that they have final say on making large household purchases; however, 33.6% of SC women and 33.2% of non-SC/ST women have autonomy to make daily purchases. Only 12.1% of SC women and 10.8% of non-SC/ST women have final say on whether to visit their family or relative.

About one-quarter of reported no participation of women in decision-making jointly or alone (25.5% among SC women and 26.2% among non-SC/ST women).

**Table 5.8 Empowerment Variables- Healthcare Decision**

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Final say on own health care				
Husband alone	30.3	3,243	29.4	11,805
Jointly	34.1	4,213	35.4	17,069
Respondent alone	28.9	3,380	27.2	12,273
Someone else	6.7	446	8.0	1,945
Final say on own health care				
Husband	30.3	3,243	29.4	11,805
Rest	69.7	8,039	70.6	31,287
Final say on own health care				
Rest	65.9	7,069	64.6	26,023
Jointly	34.1	4,213	35.4	17,069
Final say own health care wife				
No Role	37.0	3,689	37.4	13,750
Alone/Jointly	63.0	7,593	62.6	29,342

*Note:* Percent based on weighted national DV; and unweighted Ns

Table 5.8 shows that in around 37% cases both SC and non-SC/ST women have no say on their own healthcare decision-making. About 30% of both SC and non-SC/ST women report that the final say on their health care was by their husband alone (30.3% for SC; 29.4% for non-SC/ST).

Table 5.9 explains the financial capability of respondents on having bank account, paid work, and ability to spend the earnings. Majority of the respondents from SC community had no bank account (88%), and similarly among non-SC/ST women, 82% of them had no bank account. Around 61% of SC women and 52% of non-SC/ST women had paid work. However, when asked about if they had ability to spend their own earnings only 26 % of SC as well as non-SC/ST women said they can spend their own earnings. And their say on spending husband's earnings is marginally low at 7% among both SC and non-SC/ST women.

Table 5.9 Empowerment Variables- Financial Capability

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Have bank or savings account				
No	88.1	10,449	82.4	35,531
Yes	11.9	1,610	17.6	9,787
Paid for working in cash				
No	39.0	1,874	48.1	6,601
Yes	61.0	3,793	51.9	10,426
Who decides how to spend wife's money				
Husband alone	15.6	515	13.6	1,190
Jointly	55.9	2,304	56.8	6,301
Respondent alone	26.2	1,074	26.5	2,912
Someone else	2.4	58	3.1	178
Final say on deciding what to do with money husband earns				
Husband alone	24.9	2,599	23.8	9,534
Jointly	62.1	7,237	61.6	28,189
Respondent alone	7.1	829	6.8	2,710
Someone else	5.9	418	7.9	1,924

Note: Percent based on weighted national DV; and unweighted Ns

Table 5.10 Empowerment Variables- Exposure to Media

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Frequency of reading newspaper or magazine				
Don't Read	79.4	8,968	65.2	26,014
Read	20.6	3,093	34.8	19,332
Frequency of listening to radio				
Don't Listen	59.3	7,130	57.1	24,995
Listen	40.7	4,938	42.9	20,381
Frequency of watching television				
Don't Watch TV	41.0	3,994	34.5	11,659
Watch TV	59.0	8,075	65.6	33,721
<u>At least Once a week media exposure</u>				
Reading newspaper or magazine				
Don't Read	88.6	10,300	78.5	32,554
Read	11.4	1,761	21.6	12,792
Listening to radio				
Don't Listen	75.0	8,990	72.6	31,794
Listen	25.0	3,078	27.4	13,582
Watching television				
Don't Watch TV	54.3	5,474	44.7	16,049
Watch TV	45.7	6,595	55.3	29,331

Note: Percent based on weighted national DV; and unweighted Ns

Table 5.10 shows that 20.6% of SC women read the newspaper, 40.7% listen to the radio, and 59% watch television. The proportions are slightly higher among non-SC/ST women - 34.8% read the newspaper, 42.9% listen to the radio, and 65.5% watch television. Similarly, the proportion who do these activities at least once a week were less among SC women compared to non-SC/ST women. Table 5.11 shows that gender controlling behavior was higher among SC men (46.8%) compared to non-SC/ST men (41.8%). The tendency to justify DV for not fulfilling their gender roles was 60.1% among SC women and 55.1% among non-SC/ST women. The ability to refuse sex was reported by 73% of SC women and 75.2% of non-SC/ST women.

**Table 5.11 Empowerment Variables- Gender Attitude and Controlling Behavior**

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Husband Control behavior				
Yes	46.8	5,277	41.8	16,918
No	53.2	6,713	58.2	28,205
Justify DV				
Yes	60.1	7,008	55.1	23,284
No	39.9	4,913	44.9	21,596
Ability to refuse sex				
No	27.0	2,917	24.8	9,743
Yes	73.0	8,369	75.2	33,311
<i>Note: Percent based on weighted national DV; and unweighted Ns</i>				

### **Demographic & Empowerment among Women Who Ever-Experienced DV**

In this section, Tables 5.12 through 5.20 elaborate the bivariate analysis using the cross-tabulation between demographic variables, empowerment variable, controlling behavior, and media awareness with DV.

Table 5.12 lists the cross-tabulation of background demographic variables with ever-experiences of DV. Female-headed households faced more DV compared to male-headed households among SC women (49.7%) and non-SC/ST women (40%). Both SC (52.3%) and non-SC/ST women (43%) reported extremely high DV if they had childhood

marriage (age 1-17 years). Over one-third (34.4%) of SC respondents who married at 0-4 years reported DV compared to 25% of non-SC/ST women. DV reported by SC women was 52.7% if they were married for 10-14 years as compared to 40.6 among non-SC/ST. SC women with no education reported highest percent (53%) of DV, and likewise, 47.4% of non-SC/ST women without an education reported DV. As wife's education increased, the percent of reported DV was reduced for both SC and non-SC/ST women. Within Hindu religion 48.7% of SC women ever-experienced DV and among non-SC/ST it was reported 35.8%. Women in other religions (Sikh, Buddhist, and others) reported DV was relatively less as compared to Hindu women.

Table 5.12 *Percentage of Respondents Who Ever-Experienced DV: Personal Variables*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Head of the household				*
Male	47.8	4,735	36.1	12,899
Female	49.6	679	40.0	1,938
Age at first marriage (years)		*		*
1-17	52.3	3,897	43.0	9,342
18-20	39.4	1,065	30.5	3,436
More than 21	30.1	452	20.0	2,058
Marital duration (years)		*		*
0-4	34.4	591	25.0	1,574
5-9	48.4	1,106	36.7	2,955
10-14	52.7	1,127	40.6	3,301
15-19	52.5	1,042	38.9	2,791
20-24	48.3	714	39.3	2,093
25-29	54.5	558	39.6	1,446
30+	51.1	276	41.2	677
Education		*		*
No education	52.9	3,153	47.4	7,044
Primary	48.4	946	40.1	2,683
Secondary	37.9	1,240	27.1	4,519
Higher	20.2	74	11.5	591
Religion		*		*
Hindu	48.7	4,878	35.8	11,340
Sikh	35.0	131	23.2	238
Buddhist	46.2	208	61.6	19
Others	42.2	195	41.8	3,238

*Note:* \* indicate the Chi Square test significant at  $p < 0.001$

Women in the rural region reported higher DV than the urban region; 49% of SC women and 40% of non-SC/ST women faced DV in rural regions (See Table 5.13). The reporting of DV decreased as women's family wealth quintile increased. Among SC women 54.7% of the poorest reported DV, 45.2% of those ranked middle wealth reported DV and 30.4% of the richest group reported DV. Similarly, among non-SC/ST women- 50.8% of the poorest group, 41.8% of the middle-income group, and 19.7% of the richest group reported DV.

Table 5.13 *Percentage of Respondent Who Ever-Experienced DV: Household Variables*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Residence				*
Rural	49.0	3,221	40.1	8,410
Urban	45.5	2,193	29.9	6,427
Wealth Quintile		*		*
Poorest	54.7	1,257	50.8	2,244
Poorer	54.1	1,304	47.2	2,849
Middle	45.2	1,212	41.8	3,358
Richer	43.2	1,126	33.8	3,657
Richest	30.4	515	19.7	2,729
House Structure		*		*
Non-Nuclear	44.8	1,729	33.9	5,215
Nuclear	52.0	3,537	39.8	9,192
Witnessed father beat mother		*		*
No	42.4	3,734	32.0	10,801
Yes	66.9	1,676	59.5	4,020
Number of living children		*		*
No children	34.4	385	28.7	1,062
1-2	45.2	2,166	31.8	6,615
3-4	51.8	2,136	41.6	5,457
5+	57.6	727	50.6	1,703
Has at least one daughter		*		*
No daughter	42.6	1,912	33.9	5,667
At least 1 daughter	51.4	3,502	38.5	9,170
Has at least one son		*		*
No son	42.9	1,346	31.5	3,638
At least 1 son	50.2	4,068	38.8	11,199
Have no children		*		*
No children	34.4	385	28.7	1,062
>1 children	49.8	5,029	37.6	13,775
Living son and daughter		*		*
No child	34.4	385	28.7	1,062
Only 1 or >1 son	45.1	1,074	34.5	3,350
Only 1 or >1 daughter	48.6	785	32.0	1,991
Both	51.8	3,170	40.4	8,434

Note: \* indicate the Chi Square test significant at  $p < 0.001$

Domestic violence faced by women was higher among those in nuclear families than non-nuclear (joint) families (see Table 5.13). DV in nuclear families was reported by 52% of SC women and 39.8% of non-SC/ST women. In the cases where women witnessed their father committing DV, the percent of women reporting DV was 67% among SC and 59.5% among non-SC/ST women. The highest proportion of DV (57.6% for SC and 50.6% for non-SC/ST) was found among women who reported having five or more children. They reported less DV if they had fewer number of children. Over half (51.2%) of SC women reported DV if they had at least one daughter compared to 38.5% of non-SC/ST. The percent reporting DV remained similar if they had at least one son or both a son and a daughter. On all the indicators Table 5.13 shows SC women have lower socio-economic profile as compared non-SC/ST women.

Table 5.14 shows women reporting DV based on the difference between partners in terms of their age, education, and earnings. The age difference between partners across the range (Older/same/ young by 2yrs) shows DV was reported by 48% of SC women and around 35% of non-SC/ST women. Education differences also mattered; women with less education than their husbands suffered more DV (42.6% of SC and 30.5% of non-SC/ST). Women whose earnings were same or more than their husbands experienced more DV (55.4% for SC and 42.5% for non-SC/ST) than if they earned the less than their husbands (52.6% for SC and 40.7% for non-SC/ST). Alcohol consumption by husband accounts for more DV for both SC women (61.2%) and non-SC/ST women (52%).

Table 5.14 *Percentage of Respondents Who Ever-Experienced DV: Partner Characteristics*

Variables	SC		Non-SC/ST	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Age Difference				
Older, same or young by 2yrs	47.6	1,077	34.6	2,802
Younger by 3-5 yrs	48.2	1,782	37.2	4,947
younger by 6+ yrs	47.9	1,782	35.8	6,008
Education difference		*		*
Less than him	42.6	918	30.5	3,009
Same or More than him	39.8	1,339	27.8	4,771
Earning difference		*		
Less than Him	52.6	1,508	40.7	2,949
Same or More than him	55.4	502	42.5	1,051
Husband alcohol use		*		*
No	38.3	2,253	30.6	8,076
Yes	61.2	3,160	52.0	6,757

Note: \* indicate the Chi Square test significant at  $p < 0.001$

Table 5.15 *Percentage of Respondents Who Ever-Experienced DV: Freedom of Movement*

Variables	SC		Non-SC ST	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Allowed to go to market		*		*
Alone	50.5	3,456	36.2	9,134
With someone else	45.2	1,487	36.6	4,226
Not at all	44.4	471	38.5	1,474
Allowed to go to health facility		*		*
Alone	50.8	3,283	36.4	8,594
With someone else	44.8	1,951	36.7	5,687
Not at all	46.0	180	38.9	552
Allowed to go to places outside this village/community		*		*
Alone	50.8	2,485	36.5	6,785
With someone else	46.2	2,563	36.1	7,037
Not at all	45.4	366	40.5	1,011
Allowed to go to market alone		*		
No	45.0	1,958	37.1	5,700
Yes	50.5	3,456	36.2	9,134
Allowed to go to health facility alone		*		*
No	44.9	2,131	36.9	6,239
Yes	50.7	3,283	36.4	8,594
Allowed to go to places outside this village/community alone				*
No	46.1	2,929	36.7	8,048
Yes	50.8	2,485	36.5	6,785
Allowed to go alone decision		*		
0	44.1	1,668	36.6	4,926
1	49.3	531	39.0	1,408
2	50.9	952	36.6	2,393
3	50.7	2,263	36.0	6,106

Note: \* indicate the Chi Square test significant at  $p < 0.001$



Table 5.15 shows if women visit the market alone they are more likely to face DV as compared to if they visit the market with someone else or not at all visit the market. The mobility is curtailed more among SC women as compared to Non-SC/ST women. When looked at combined number of places they are allowed to go alone (to the market, to the health facility or visit outside of the village), if they go to three of these places there is more DV.

Table 5.16 *Percentage of Respondents Who Ever-Experienced DV: Household Autonomy*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Final say on making large household purchases		*		*
Husband alone	52.7	1,753	38.7	4,478
Jointly	46.2	2,305	34.3	6,618
Respondent alone	54.7	639	43.8	1,523
Someone else	36.5	315	31.7	1,177
Final say on making household purchases for daily needs		*		*
Husband alone	49.7	1,294	37.4	3,325
Jointly	46.5	1,381	34.7	3,666
Respondent alone	52.9	2,033	38.6	5,637
Someone else	34.9	305	31.4	1,170
Final say on visits to family or relatives		*		*
Husband alone	52.8	1,496	41.4	3,852
Jointly	45.2	2,455	33.0	6,975
Respondent alone	57.6	806	42.3	1,968
Someone else	36.1	256	32.6	1,003
Husband alone decisions		*		*
0	44.2	2,618	33.8	7,626
1	52.9	974	39.3	2,604
2	53.8	691	39.2	1,647
3	50.3	729	39.1	1,919
Joint decisions		*		*
0	49.3	1,955	38.6	5,198
1	49.4	1,043	36.2	2,855
2	48.5	945	34.0	2,825
3	43.6	1,069	33.1	2,918
Wife alone decisions		*		*
0	44.9	2,746	34.9	7,725
1	51.3	1,414	35.5	3,916
2	56.2	493	41.7	1,257
3	57.1	359	46.9	898
Wife at least jointly or alone		*		*
No	44.1	978	36.2	2,864
Yes	49.3	4,034	36.1	10,932

Note: \* indicate the Chi Square test significant at  $p < 0.001$

Household decision making is crucial indicator of empowerment. The bivariate analysis between household autonomy and reporting of DV shows if husband alone or wife alone made the decision of large or household purchase there was higher reporting of DV as compared to if they made decisions jointly (see Table 5.16).

This is similarly true in case of decision making on visits to her family or relatives. If the husband alone or wife alone made all three of these decisions, there was higher DV. In all circumstances, making decisions jointly reduced DV. The likelihood of DV is equally true for healthcare decision making, if they made healthcare decisions jointly there was less DV (see Table 5.17).

*Table 5.17 Percentage of Respondents Who Ever-Experienced DV: Healthcare Decision*

Variables	<u>SC</u>		<u>Non-SC ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Final say on own health care		*		*
Husband alone	50.7	1,502	38.9	4,104
Jointly	45.1	1,743	32.4	4,875
Respondent alone	50.9	1,615	39.1	4,261
Someone else	37.0	153	31.9	557
Final say on own health care		*		*
Husband	50.7	1,502	38.9	4,104
Rest	46.7	3,511	34.9	9,693
Final say on own health care		*		*
Rest	49.4	3,270	38.1	8,922
Jointly	45.1	1,743	32.4	4,875
Wife's Final say on own health care				*
No Role	48.2	1,655	37.4	4,661
Alone/Jointly	47.8	3,358	35.3	9,136

*Note:* \* indicate the Chi Square test significant at  $p < 0.001$

Table 5.18 *Percentage of Respondents Who Ever-Experienced DV: Financial Autonomy*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Have bank or savings account		*		*
No	48.8	4,764	38.6	12,603
Yes	42.4	644	27.0	2,205
Paid for work		*		*
No	56.7	1,000	44.8	2,742
Yes	51.6	1,914	41.0	4,012
Who decides how to spend wife's money		*		*
Husband alone	59.1	294	41.5	506
Jointly	48.1	1,089	39.2	2,272
Respondent alone	61.5	632	47.2	1,258
Someone else	47.6	28	37.1	65
Final say on deciding what to do with money husband earns		*		*
Husband alone	54.7	1,333	41.4	3,666
Jointly	45.6	3,011	33.3	8,185
Respondent alone	57.5	443	44.4	1,099
Someone else	32.6	125	32.3	545

Note: \* indicate the Chi Square test significant at  $p < 0.001$

Table 5.19 *Percentage of Respondents Who Ever-Experienced DV: Exposure to Media*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Frequency of reading newspaper or magazine		*		*
Don't Read	51.2	4,299	43.4	10,524
Read	36.2	1,113	24.0	4,297
Frequency of listening to radio				
Don't Listen	48.1	3,181	37.7	8,384
Listen	47.9	2,232	35.2	6,448
Frequency of watching television		*		*
Don't Watch TV	53.0	1,949	45.7	4,964
Watch TV	44.6	3,465	31.8	9,868
At least Once a week media exposure				
Frequency of reading newspaper or magazine		*		*
Don't Read	49.9	4,810	41.3	12,377
Read	34.0	602	19.7	2,444
Frequency of listening to radio				*
Don't Listen	48.8	4,054	38.0	10,779
Listen	45.9	1,359	32.9	4,053
Frequency of watching television		*		*
Don't Watch TV	53.1	2,713	45.0	6,745
Watch TV	42.1	2,701	29.8	8,087

Note: \* indicate the Chi Square test significant at  $p < 0.001$

Economic autonomy is one of the important empowerment indicators of gender equality. Table 5.18 shows that having a bank account reduced the reporting of DV, more so for SC women than non-SC/ST women. It is also crucial to note that women working for pay is more protective against DV. Further, having a bank account and working for pay is not sufficient, when asked about who would decide how to spend wife's earning, if she makes decision alone there is higher reporting of DV. Such violence was significantly higher among SC women. Similar is the case when asked who would decide on husband's earnings. In both scenarios women have little say and autonomy.

Media exposure is another crucial aspect of empowerment, Table 5.19 shows that women who read newspaper, listen to radio, and watch TV experience less DV. Similarly, if they do these activities at least once a week there was less DV. If they do not read, listen, watch these news media, there are higher percent of DV among SC as compared to non-SC/ST women.

*Table 5.20 Percentage of Respondents Who Ever-Experienced DV: Gender Attitude*

Variables	<u>SC</u>		<u>Non-SC/ST</u>	
	Percent (Weighted)	N (Unweighted)	Percent (Weighted)	N (Unweighted)
Husband Control behavior		*		*
Yes	63.7	3,177	52.5	8,435
No	34.7	2,208	25.3	6,313
Justify DV		*		*
Yes	53.6	3,515	42.6	9,134
No	40.1	1,851	29.5	5,581
Ability to refuse sex				*
No	46.8	1,325	37.6	3,457
Yes	48.8	3,750	36.1	10,532

*Note:* \* indicate the Chi Square test significant at  $p < 0.001$

Table 5.20 shows that the better gender attitudes of husbands on their controlling behavior reduced the percentage of reporting of DV. If women justify DV in cases where husband can beat his wife if she does not fulfill "marital duties," in such scenarios there is more DV. There is more DV if she refused to have sex when the husband has a STD,

he has extramarital affair or she is not in mood. Women from SC community are more vulnerable to DV due to more conservative gender attitudes.

### **AIM Two**

AIM two of this study was to examine empowerment variables and their impact on the likelihood of DV. The proposed hypothesis was that women who are more empowered are less likely to experience DV. This AIM was examined through four models to see the unadjusted and adjusted (for household, individual, and partner's characteristics) association between empowerment and DV (See Table 5.21). These models are- Model 1: Women empowerment variables- unadjusted model; Model 2: Women empowerment variables + household variables; Model 3: Women empowerment variables + household variables + individual variables; Model 4: Women empowerment variables + household variables + individual variables + partner's characteristics.

Table 5.21 presents a regression analysis where the reference category for all empowerment variables is constant 0, indicating the relevant lower empowerment comparative variable. The reference category indicates, no freedom to travel alone, having no alone or joint decision-making power, no alone or joint healthcare decision-making power, no money for her own use, no bank account, does not get paid by cash, and decision making on wife/husband's earning by husband. In terms of media exposure, the reference category is does not read newspaper, does not listen to radio, and does not watch TV. On gender norms and attitudes, husband has controlling behavior, justify DV, and does not support ability to refuse sex are the reference categories.

## **Empowerment Variables**

Restricted freedom of movement had a significant association with likelihood of DV. In cases where SC women were allowed to visit either the market, healthcare facility, or outside village alone there was 28% increased odds of DV (OR=1.28, 95% CI: 1.09-1.50) (Model 1). The adjusted Model 2 (OR=1.29, 95% CI: 1.09-1.51) for household variable and Model 3 (OR=1.31, 95% CI: 1.10-1.55) adjusted for household and individual variables show significant association of freedom of movement with DV.

Model 1-3 shows SC women making household decisions alone or jointly (with husband) explained the increased odds of experiencing DV (Model 1- OR=1.29, 95% CI: 1.05-1.59, Model 2 - OR=1.31, 95% CI: 1.06-1.63, and Model 3 - OR=1.33, 95% CI: 1.06-1.66). Having a bank account acted as a protection against experiencing DV for SC women in all Models, especially in Model 4 (OR=0.53, 95% CI: 0.34-0.85).

SC women making decisions alone about their own earnings were more likely to experience DV (OR=1.34, 95% CI: 1.04-1.73) as compared to SC women whose husband alone managed her earnings. Joint decision-making on husband's earnings was associated with less DV in Model 2 (OR=0.80, 95% CI: 0.65-0.98), Model 3 (OR=0.80, 95% CI: 0.65-0.99), and Model 4 (OR=0.65, 95% CI: 0.44-0.96).

Gender norms and attitudes were significantly related to DV, husbands having no controlling behaviors explained the decreased odds of experiencing DV across Models. SC women who do not justify DV also had lesser odds of experiencing DV (Model 2: OR=0.63, 95% CI: 0.54-0.73). This was also significant in Model 3 (OR=0.69, 95% CI: 0.59-0.80). Other gender attitudes such as women who support their ability to refuse sex have increased odds of experiencing DV (OR=1.25, 95% CI: 1.07-1.45) (Model 1). This

was also observed in Model 2 (OR=1.24, 95% CI: 1.06-1.45) and Model 3 (OR=1.25, 95% CI: 1.07-1.47).

### **Household Variables**

Model 2 indicates that living in a rural region as compared to urban region accounts for decreased odds of experiencing DV (OR=0.81, 95% CI: 0.67-0.99). This was confirmed by Model 3 (OR=0.81, 95% CI: 0.66-0.98) and Model 4 (OR=0.69, 95% CI: 0.49-0.95). Socio-economic status was inversely related to experiences of DV. Model 2 demonstrated the reduced odds of DV amongst the richest women households (OR=0.41, 95% CI: 0.27-0.60) as compared to middle class women (OR=0.70, 95% CI: 0.57-0.86). Similarly, higher socio-economic status in Model 3 and Model 4 was significantly associated with the odds of experiencing DV.

### **Individual Variables**

Model 3 adjusted for household and individual characteristics of SC women. This model did not show a significant relationship of wife's age, marriage duration, educational level to DV, but shared a significant relationship between age at marriage, religion, childhood witness to DV, and having a daughter to DV. Marrying at the age of 18-20 reduced odds of DV in Model 3 (OR=0.73, 95% CI: 0.60-0.90) compared to early marriage between the age group of 1-17 years. Odds of DV further reduced if the age at marriage was above 21 years (OR=0.46, 95% CI: 0.32-0.66). Similarly, women marrying early have experienced increased odds of DV in Model 4. As compared to the Hindu religion, being from Buddhist religion reduced the odds of experiencing DV (OR=0.65, 95% CI: 0.47-0.91). Model 3 demonstrated that having witnessed DV as a child affected the increased odds of DV (OR=2.50, 95% CI: 2.09-2.98). Model 4 also shows witnessing

DV as a child resulted in higher odds of experiencing DV (OR=2.35, 95% CI: 1.74-3.19).

Model 3 reflects having only a daughter as a child as compared to having no child increased the odds of experiencing DV (OR=1.45, 95% CI: 1.02-2.06).

### **Partner Characteristics**

Model 4 was adjusted for household, individual, and partner characteristics.

Partnership characteristics on age difference, education level difference, and earning differences were not significant in explaining the likelihood of DV. Husband's drinking alcohol had a significant association with the likelihood of DV (OR=2.24, 95% CI: 1.7-2.96).



Table 5.21 *Logistic Regression Models of Scheduled Caste Women's Experiences of Domestic Violence*

	Model 1	Model 2	Model 3	Model 4
<b>EMPOWERMENT</b>				
<i>Freedom of Movement</i>				
Wife allowed to visit alone Market/health/outside	<b>1.28 (1.09-1.50) **</b>	<b>1.29 (1.09-1.51) **</b>	<b>1.31 (1.10-1.55) **</b>	1.33 (0.95-1.87)
<i>Household Decision Making</i>				
At least alone or jointly	<b>1.29 (1.05-1.59) *</b>	<b>1.31 (1.06-1.63) *</b>	<b>1.33 (1.06-1.66) *</b>	0.65 (0.42-1.01)
<i>Healthcare Decision Making</i>				
At least alone or jointly	0.91 (0.77-1.07)	0.89 (0.75-1.06)	0.88 (0.73-1.05)	0.93 (0.68-1.28)
<i>Economic Autonomy</i>				
Has money for her own use	1.03 (0.89-1.19)	1.04 (0.89-1.2)	0.99 (0.85-1.16)	0.94 (0.71-1.26)
Have bank or savings acct	<b>0.80 (0.65-0.98) *</b>	0.89 (0.72-1.11)	0.96 (0.77-1.21)	1.12 (0.79-1.59)
Wife has cash only earning	<b>0.69 (0.58-0.82) ***</b>	<b>0.67 (0.56-0.81) ***</b>	<b>0.68 (0.56-0.82) ***</b>	<b>0.53 (0.34-0.85) **</b>
Decision wife's earning (Ref: Husband alone)				
Jointly	0.86 (0.68-1.09)	0.90 (0.71-1.14)	0.89 (0.7-1.14)	1.06 (0.65-1.71)
Respondent Alone	1.24 (0.97-1.59)	<b>1.34 (1.04-1.73) *</b>	1.27 (0.98-1.65)	<b>1.72 (1.04-2.84) *</b>
Someone Else	0.86 (0.47-1.57)	0.73 (0.38-1.39)	0.62 (0.32-1.21)	0.56 (0.19-1.62)
Decision on husband's earning (Ref: Husband alone)				
Jointly	0.83 (0.68-1.01)	<b>0.80 (0.65-0.98) *</b>	<b>0.80 (0.65-0.99) *</b>	<b>0.65 (0.44-0.96) *</b>
Respondent Alone	1.06 (0.79-1.43)	0.98 (0.72-1.33)	1.05 (0.77-1.44)	0.71 (0.4-1.26)
Other	0.96 (0.55-1.68)	1.24 (0.66-2.31)	1.45 (0.76-2.77)	0.78 (0.3-2.07)
<i>Media Exposure</i>				
Read newspaper once a week	0.78 (0.61-1)	0.95 (0.72-1.25)	1.13 (0.82-1.57)	1.2 (0.85-1.69)
Listen radio once a week	1.12 (0.94-1.32)	1.13 (0.95-1.34)	1.11 (0.93-1.33)	1.17 (0.87-1.58)
Watch TV once a week	<b>0.86 (0.74-1) *</b>	0.92 (0.78-1.1)	0.92 (0.77-1.09)	1.04 (0.76-1.43)
<i>Gender Norms and Attitudes</i>				
No Controlling behavior of Husband	<b>0.28 (0.25-0.32) ***</b>	<b>0.28 (0.25-0.33) ***</b>	<b>0.31 (0.27-0.36) ***</b>	<b>0.34 (0.25-0.44) ***</b>
Does not justify Domestic Violence	<b>0.62 (0.53-0.71) ***</b>	<b>0.63 (0.54-0.73) ***</b>	<b>0.69 (0.59-0.80) ***</b>	0.82 (0.62-1.1)
Support ability to refuse sex	<b>1.25 (1.07-1.45) **</b>	<b>1.24 (1.06-1.45) **</b>	<b>1.25 (1.07-1.47) **</b>	1.20 (0.89-1.63)
<b>HOUSEHOLD VARIABLES</b>				
Rural (Ref: Urban)		<b>0.81 (0.67-0.99) *</b>	<b>0.81 (0.66-0.98) *</b>	<b>0.69 (0.49-0.95) *</b>
Nuclear Family (Ref: Joint)		1.14 (0.98-1.32)	1.09 (0.94-1.28)	1.17 (0.87-1.56)
Wealth Quintile (Ref: Poorest)				
Poorer		1.02 (0.84-1.23)	1.03 (0.85-1.25)	1.22 (0.78-1.92)
Middle		<b>0.70 (0.57-0.86) **</b>	<b>0.71 (0.57-0.88) **</b>	1.04 (0.67-1.61)
Richer		0.87 (0.66-1.15)	0.92 (0.69-1.24)	0.81 (0.49-1.32)
Richest		<b>0.41 (0.27-0.60) ***</b>	<b>0.54 (0.36-0.82) **</b>	<b>0.35 (0.19-0.66) **</b>

Note: Odds Ratio and in parenthesis 95% CI and \*p<0.05; \*\*p<0.01; \*\*\*p<0.001

Table 5.21 *Logistic Regression Models of Scheduled Caste Women's Experiences of Domestic Violence* (continued)

	Model 1	Model 2	Model 3	Model 4
<b>INDIVIDUAL VARIABLES</b>				
Wife's Age (Ref: 15-24Years)				
25-34			0.97 (0.71-1.34)	
35-49			1.04 (0.68-1.58)	
Age at Marriage (Ref: 1-17yrs)				
18-20 years			<b>0.73 (0.60-0.90) **</b>	<b>0.71 (0.51-0.99) *</b>
21+			<b>0.46 (0.32-0.66) ***</b>	<b>0.37 (0.24-0.58) ***</b>
Marriage Duration (Ref: 0-9yrs)				
10-19			0.95 (0.72-1.27)	1 (0.71-1.4)
20+			0.84 (0.57-1.24)	0.81 (0.53-1.22)
Education Level (Ref: No Edu)				
Primary			1.07 (0.86-1.32)	
Secondary			0.92 (0.71-1.18)	
Higher			0.74 (0.37-1.46)	
Religion (Ref: Hindu)				
Sikh			1.23 (0.68-2.22)	1.43 (0.44-4.62)
Buddhist			<b>0.65 (0.47-0.91) *</b>	0.63 (0.37-1.07)
Others			0.70 (0.48-1.02)	0.76 (0.41-1.4)
Childhood Witness DV			<b>2.50 (2.09-2.98) ***</b>	<b>2.35 (1.74-3.19) ***</b>
Living children (Ref: No Child)				
Only Son			1.01 (0.72-1.41)	0.89 (0.52-1.53)
Only Daughter			<b>1.45 (1.02-2.06) *</b>	1.01 (0.58-1.78)
Both			1.21 (0.88-1.66)	1.19 (0.71-2.01)
<b>PARTNER RELATIONS</b>				
Difference of age – Wife (Ref: Older or same)				
Younger by 3-5 yrs				1 (0.7-1.43)
Younger by 6+ yrs				1.29 (0.9-1.86)
Difference of education (Ref: Less than husband)				
= or > than husband				1.09 (0.84-1.43)
Difference of earning (Ref: Less than husband)				
= or > than Husband				1.26 (0.89-1.78)
Husband drinks alcohol				<b>2.24 (1.7-2.96) ***</b>
<i>Note: Odds Ratio and in parenthesis 95% CI and *p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</i>				

Table 5.22 *Logistic Regression Models of Non-SC/ST Women's Experiences of Domestic Violence*

	Model 1	Model 2	Model 3	Model 4
<b>EMPOWERMENT</b>				
<i>Freedom of Movement</i>				
Wife allowed to visit alone- Market/health/outside	<b>1.26 (1.13-1.4) ***</b>	<b>1.27 (1.13-1.41) ***</b>	<b>1.27 (1.13-1.42) ***</b>	0.94 (0.78-1.13)
<i>Household Decision Making</i>				
At least alone or jointly	<b>1.27 (1.1-1.47) **</b>	<b>1.22 (1.05-1.42) *</b>	<b>1.26 (1.08-1.47) **</b>	1.12 (0.88-1.44)
<i>Healthcare Decision</i>				
At least alone or jointly	<b>1.18 (1.05-1.32) **</b>	<b>1.21 (1.08-1.36) **</b>	<b>1.22 (1.08-1.38) **</b>	0.87 (0.72-1.04)
<i>Economic Factors</i>				
Has money for her own use	0.92 (0.83-1.01)	0.92 (0.84-1.02)	<b>0.9 (0.81-1) *</b>	0.90 (0.77-1.06)
Have bank or savings acct	<b>0.68 (0.6-0.77) ***</b>	<b>0.78 (0.69-0.89) ***</b>	<b>0.86 (0.75-0.99) *</b>	<b>0.75 (0.62-0.89) **</b>
Wife has cash only earning	<b>0.82 (0.72-0.92) **</b>	<b>0.83 (0.74-0.94) **</b>	<b>0.87 (0.76-0.98) *</b>	0.85 (0.67-1.08)
Decision wife's earning (Ref: Husband alone)				
Jointly	1.03 (0.87-1.22)	1.07 (0.9-1.26)	1.04 (0.87-1.23)	1.21 (0.91-1.62)
Respondent Alone	<b>1.27 (1.07-1.51) **</b>	<b>1.33 (1.12-1.59) **</b>	<b>1.25 (1.04-1.5) *</b>	<b>1.39 (1.03-1.87) *</b>
Someone Else	1.17 (0.8-1.72)	1.33 (0.87-2.03)	1.29 (0.84-1.98)	1.33 (0.74-2.38)
Decision on husband's earning (Ref: Husband alone)				
Jointly	0.92 (0.8-1.05)	0.91 (0.79-1.05)	0.92 (0.8-1.06)	0.86 (0.69-1.07)
Respondent Alone	<b>1.26 (1.03-1.53) *</b>	1.17 (0.96-1.44)	1.12 (0.91-1.38)	1.38 (0.99-1.91)
Other	<b>0.59 (0.4-0.86) **</b>	0.69 (0.46-1.05)	0.87 (0.57-1.32)	1.29 (0.73-2.26)
<i>Media Exposure</i>				
Read newspaper once a week	<b>0.54 (0.47-0.62) ***</b>	<b>0.76 (0.65-0.88) ***</b>	1.04 (0.87-1.23)	1.07 (0.9-1.28)
Listen radio once a week	0.96 (0.86-1.06)	0.97 (0.87-1.08)	1.01 (0.9-1.13)	1.08 (0.93-1.26)
Watch TV once a week	<b>0.87 (0.79-0.97) **</b>	1.03 (0.92-1.15)	1.01 (0.9-1.13)	1.02 (0.85-1.21)
<i>Gender Norms and Attitudes</i>				
No Controlling behavior of Husband	<b>0.31 (0.28-0.34) ***</b>	<b>0.32 (0.29-0.35) ***</b>	<b>0.33 (0.3-0.37) ***</b>	<b>0.33 (0.29-0.39) ***</b>
Does not justify Domestic Violence	<b>0.63 (0.57-0.69) ***</b>	<b>0.66 (0.6-0.73) ***</b>	<b>0.71 (0.65-0.79) ***</b>	<b>0.71 (0.61-0.83) ***</b>
Support ability to refuse sex	1.05 (0.95-1.17)	1.04 (0.94-1.16)	1.06 (0.95-1.18)	0.96 (0.81-1.14)
<b>HOUSEHOLD VARIABLES</b>				
Rural (Ref: Urban)		<b>0.85 (0.75-0.96) **</b>	<b>0.86 (0.76-0.98) *</b>	0.94 (0.78-1.12)
Nuclear Family (Ref: Joint)		<b>1.26 (1.14-1.39) ***</b>	<b>1.21 (1.09-1.34) ***</b>	1.32 (1.13-1.55)
Wealth Quintile (Ref: Poorest)				
Poorer		0.91 (0.79-1.06)	0.9 (0.77-1.04)	0.79 (0.57-1.1)
Middle		<b>0.79 (0.68-0.92) **</b>	<b>0.81 (0.69-0.94) **</b>	0.74 (0.54-1.03)
Richer		<b>0.63 (0.53-0.75) ***</b>	<b>0.67 (0.56-0.8) ***</b>	<b>0.61 (0.44-0.86) **</b>
Richest		<b>0.35 (0.28-0.44) ***</b>	<b>0.51 (0.4-0.65) ***</b>	<b>0.44 (0.3-0.64) ***</b>
<i>Note: Odds Ratio and in parenthesis 95%CI and *p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</i>				

Table 5.22 *Logistic Regression Models of Non-SC/ST Women's Experiences of Domestic Violence* (continued)

	Model 1	Model 2	Model 3	Model 4
<b>INDIVIDUAL VARIABLES</b>				
Wife's Age (Ref: 15-24Years)				
25-34			0.89 (0.72-1.08)	
35-49			0.83 (0.64-1.09)	
Age at Marriage (Ref: 1-17yrs)				
18-20 years			<b>0.79 (0.69-0.9) ***</b>	<b>0.67 (0.56-0.8) ***</b>
21+			<b>0.82 (0.67-0.99) *</b>	<b>0.64 (0.52-0.78) ***</b>
Marriage Duration (Ref: 0-9yrs)				
10-19			<b>1.22 (1.02-1.46) *</b>	1.08 (0.9-1.3)
20+			1.26 (0.99-1.62)	1.18 (0.95-1.46)
Education Level (Ref: No Edu)				
Primary			1.07 (0.93-1.22)	
Secondary			<b>0.79 (0.68-0.92) **</b>	
Higher			<b>0.44 (0.33-0.6) ***</b>	
Religion (Ref: Hindu)				
Sikh			0.88 (0.48-1.61)	0.91 (0.46-1.8)
Buddhist			<b>8.1 (1.16-56.51) *</b>	5.26 (0.59-47.2)
Others			<b>1.39 (1.22-1.59) ***</b>	<b>1.49 (1.21-1.84) ***</b>
Childhood Witness DV			<b>2.26 (2.02-2.54) ***</b>	<b>2.17 (1.82-2.57) ***</b>
Living children (Ref: No Child)				
Only Son			<b>1.27 (1.03-1.58) *</b>	1.39 (1.03-1.87)
Only Daughter			1.18 (0.94-1.48)	1.32 (0.97-1.8)
Both			<b>1.37 (1.12-1.69) **</b>	1.33 (1-1.78)
<b>PARTNER RELATIONS</b>				
Difference of age – Wife (Ref: Older or same)				
Younger by 3-5 yrs				0.94 (0.77-1.15)
Younger by 6+ yrs				1.06 (0.87-1.29)
Difference of education (Ref: Less than husband)				
= or > than husband				<b>0.85 (0.73-0.99) *</b>
Difference of earning (Ref: Less than husband)				
= or > than Husband				0.89 (0.75-1.07)
Husband drinks alcohol				<b>2.45 (2.11-2.85) ***</b>
<i>Note: Odds Ratio and in parenthesis 95%CI and *p&lt;0.05; **p&lt;0.01; ***p&lt;0.001</i>				

### **Comparing SC with Non-SC/ST Regression Tables (5.21 and 5.22)**

The second aim of this research was to examine empowerment variables and their impact on the likelihood of DV among SC and non-SC/ST women. In an unadjusted model when compared with non-SC/ST women on all significant parameters, the SC women face greater odds of DV except in the case where she has work for pay, the likelihood of DV was higher amongst non-SC/ST women compared to SC women. In Model 2 when adjusted for household variables SC women have higher odds of experiencing DV compared to non-SC/ST women when they have freedom of movement, the ability to make household decisions, and the ability to spend their own earnings.

In Model 3 after controlling for household and individual variables if SC women have positive empowerment in terms of freedom of movement and autonomy in household decision-making, they are more vulnerable to DV compared to non-SC/ST women. However, being employed was more empowering and protective for SC women. Non-SC/ST women are more likely to face DV than SC women if they justify DV or their husbands have more controlling behavior. Among rural women, SC women face less DV than non-SC/ST women. In middle and rich households, the odds of DV are higher for SC than non-SC/ST women. The marriage age is a crucial factor, especially if SC women marry above 17 years or more, they face lower odds of DV as compared to non-SC/ST women. The childhood exposure of SC women to DV has more impact on the probability of experiencing DV when they are in a marital relationship.

In Model 4 adjusting for individual, household, and partner's differential characteristics when compared to non-SC/ST women, SC women experience less DV if they "work for pay." For women making decisions about their own earnings or marrying

at age 20 or below, there is greater likelihood of DV amongst SC women than non-SC/ST women. SC women are more vulnerable to DV from husbands when they were exposed to parental DV in their childhood. The likelihood of DV due to husband's drinking behavior was more pronounced among non-SC/ST women compared to SC women.

### **AIM Three**

The third aim of the study was to examine the relationship between empowerment, DV, gender norms, and its impact on likelihood of justification of DV by SC women. The hypothesis was SC women who are more empowered are less likely to justify DV. Four models were analyzed using logistic regression (see Table 5.23). The models were adjusted to examine the association between each empowerment dimension and gender attitude towards justification of wife-beating. The first model included the unadjusted empowerment variables. Empowerment variables included freedom of movement, household decision-making, health care decision-making, economic autonomy, and media exposure. Other variables on gender norms were also included. The second model of empowerment variables was adjusted for household variables of place of residence (Rural/Urban), type of family (Nuclear/Joint Family) and wealth quintile. The third model was adjusted for household variables and individual variables (age, age at marriage, marriage duration, education level, religion, and childhood witness to DV). The fourth model of empowerment was adjusted for partner relative difference in their age, education, earnings, and husband's drinking habits.

Table 5.23 shows that empowerment variables like household decision-making, and freedom of movement did not show a significant association with justification of DV. But other empowerment variables like healthcare decision-making, and economic

autonomy show significant odds of justifying DV when examined with four models.

Being safe at home, without DV, reduced the odds of justifying DV in Model 1 (OR=0.62, 95% CI: 0.53-0.71), Model 2 (OR=0.63, 95% CI: 0.54-0.73), and Model 3 (OR=0.70, 95% CI: 0.60-0.81).

### **Healthcare Decision-Making**

Model 1 shows that gender attitudes of SC women towards justifying DV are significantly associated with healthcare decision-making power (OR=0.82, 95% CI: 0.69-0.97). SC women who participated in making healthcare decisions of her own were less likely to believe wife-beating is justified. In Model 2 when adjusted for household-level variables, women's participation in healthcare decision-making was associated with DV (OR=0.82, 95% CI: 0.69-0.97). In Model 2 household economic status also was also associated with attitudes towards DV. Model 3 adjusted for household and personal characteristics; in this model the healthcare decision by women predicts a low likelihood of justifying DV (OR=0.82, 95% CI: 0.68-0.98). In Model 4, when adjusted for partner's difference of age, earnings, education, and alcohol consumption, healthcare decision-making was not significantly associated with gender attitudes on DV.

### **Economic Autonomy**

In Table 5.23 Model 1 indicates that having money for her own use significantly reduced the odds of justifying DV (OR=0.55, 95% CI: 0.47-0.63) (Model 1). This significance holds for Model 2 (OR=0.55, 95% CI: 0.47-0.64), Model 3 (OR=0.54, 95% CI: 0.46-0.62), and Model 4 (OR=0.47, 95% CI: 0.36-0.63).

In Model 1 unadjusted empowerment variable, the odds of acceptance of wife-beating was lower among women who had paying jobs (OR=0.82, 95% CI: 0.69-0.98).

This association was not significant when adjusted for household variables, individual variables, and partner differences in age, earnings, or education. When decisions on wife's earnings were made jointly by the husband and wife, there were reduced odds of justifying DV as seen in Model 1 (OR=0.74, 95% CI: 0.58-0.95) and Model 4 (OR=0.55, 95% CI: 0.34-0.91). The odds of justifying DV further reduced when decisions on the wife's earnings are made by herself as explained in Model 1 (OR=0.70, 95% CI: 0.54-0.90), Model 2 (OR=0.73, 95% CI: 0.56-0.94) and Model 3 (OR=0.69, 95% CI: 0.53-0.9).

On the contrary Model 1 indicates that if decisions on the husband's earnings were made by the wife alone, there was an increase in the odds of justifying DV (OR=1.37, 95% CI: 1.02-1.84). This association was also significant in the other models: Model 2 (OR=1.40, 95% CI: 1.04-1.90), Model 3 (OR=1.37, 95% CI: 1.00-1.86), and Model 4 (OR=2.11, 95% CI: 1.19-3.75). Media exposure to watching TV once a week significantly increases in the odds of justifying DV in Model 1 (OR=1.20, 95% CI: 1.03-1.39), Model 2 (OR=1.23, 95% CI: 1.03-1.46), Model 3 (OR=1.22, 95% CI: 1.03-1.46) and Model 4 (OR=1.45, 95% CI: 1.05-1.99).

### **Household Variables**

Model 2 shows that the richest wealth quintile of households had reduced odds of believing that wife-beating is justified (OR=0.48, 95% CI: 0.33-0.69). According to Model 3 and Model 4 a family wealth quintile status significantly predicts a reduced likelihood of justification of DV (Model 3- OR=0.56, 95% CI: 0.37-0.83; Model 4- OR=0.34, 95% CI: 0.18-0.62). When adjusted for household, individual, and partner



characteristics in Model 4, there was an increase in odds of justifying DV in the cases of nuclear families compared to joint families (OR=1.40, 95% CI: 1.06-1.85).

### **Individual Variables**

Model 3 also shows that lower education (primary) explains the increased odds of justification of DV (OR=1.25, 95% CI: 1.01-1.56) and higher education reduced the odds of justification of DV. According to Model 3, being a childhood witness to DV also increases SC women's odds of justifying DV (OR=1.78, 95% CI: 1.49-2.13). Similarly, Model 4 shows an increase in the odds of justifying DV (OR=2.10, 95% CI: 1.54-2.87). Model 3 further explains the effects of having at least one daughter (reference to no child) on predicting justification of DV (OR=0.69, 95% CI: 0.48-0.98). Having both a son and daughter also reduces the odds of justifying DV (OR=0.65, 95% CI: 0.47-0.90). Twenty or more years of marriage duration predicts increased odds of justifying DV (OR=1.81, 95% CI: 1.19-2.74).

Table 5.23 *Logistic Regression Models of SC Women's Empowerment and Attitudes (of Justification of violence) Towards Wife-beating*

	Model 1	Model 2	Model 3	Model 4
<b>EMPOWERMENT</b>				
<b><i>Freedom of Movement</i></b>				
Wife allowed to visit alone-Market/health/outside	0.97 (0.83-1.14)	0.95 (0.81-1.12)	0.95 (0.81-1.13)	0.86 (0.62-1.21)
<b><i>Household Decision Making</i></b>				
At least alone or jointly	0.95 (0.76-1.18)	0.89 (0.72-1.11)	0.89 (0.71-1.12)	0.76 (0.49-1.19)
<b><i>Healthcare Decision Making</i></b>				
At least alone or jointly	<b>0.82 (0.69-0.97) *</b>	<b>0.82 (0.69-0.97) *</b>	<b>0.82 (0.68-0.98) *</b>	1.17 (0.86-1.6)
<b><i>Economic Autonomy</i></b>				
Has money for her own use	<b>0.55 (0.47-0.63) ***</b>	<b>0.55 (0.47-0.64) ***</b>	<b>0.54 (0.46-0.62) ***</b>	<b>0.47 (0.36-0.63) ***</b>
Have bank or savings acct	0.94 (0.77-1.15)	1.04 (0.84-1.30)	1.14 (0.91-1.43)	1.02 (0.73-1.43)
Wife has cash only earning	<b>0.82 (0.69-0.98) *</b>	0.87 (0.72-1.04)	0.85 (0.7-1.02)	1.12 (0.7-1.77)
Decision wife's earning (Ref: Husband alone)				
Jointly	<b>0.74 (0.58-0.95) *</b>	0.80 (0.62-1.02)	0.78 (0.61-1.01)	<b>0.55 (0.34-0.91) *</b>
Respondent Alone	<b>0.70 (0.54-0.90) **</b>	<b>0.73 (0.56-0.94) *</b>	<b>0.69 (0.53-0.90) **</b>	0.61 (0.36-1.03)
Someone Else	0.67 (0.36-1.22)	0.72 (0.38-1.36)	0.68 (0.35-1.30)	0.78 (0.25-2.40)
Decision on husband's earning (Ref: Husband alone)				
Jointly	1.08 (0.88-1.32)	1.05 (0.85-1.29)	1.04 (0.85-1.29)	1.02 (0.7-1.49)
Respondent Alone	<b>1.37 (1.02-1.84) *</b>	<b>1.40 (1.04-1.90) *</b>	<b>1.37 (1.00-1.86) *</b>	<b>2.11 (1.19-3.75) *</b>
Other	1.23 (0.69-2.17)	1.00 (0.54-1.84)	1.06 (0.56-2.02)	2.07 (0.75-5.69)
<b><i>Media Exposure</i></b>				
Read newspaper once a week	<b>0.78 (0.61-0.99) *</b>	0.96 (0.73-1.27)	1.19 (0.87-1.64)	0.96 (0.69-1.34)
Listen radio once a week	0.99 (0.84-1.17)	0.97 (0.82-1.15)	0.97 (0.81-1.16)	1.1 (0.82-1.46)
Watch TV once a week	<b>1.20 (1.03-1.39) *</b>	<b>1.23 (1.03-1.46) *</b>	<b>1.22 (1.03-1.46) *</b>	<b>1.45 (1.05-1.99) *</b>
<b><i>Gender Norms and Attitudes</i></b>				
No Controlling behavior of Husband	0.93 (0.8-1.07)	0.91 (0.79-1.06)	0.95 (0.82-1.11)	0.92 (0.69-1.21)
Support ability to refuse sex	0.87 (0.74-1.01)	0.87 (0.75-1.02)	0.91 (0.78-1.07)	1.01 (0.75-1.36)
No Domestic Violence	<b>0.62 (0.53-0.71) ***</b>	<b>0.63 (0.54-0.73) ***</b>	<b>0.70 (0.60-0.81) ***</b>	0.84 (0.63-1.11)
<b>HOUSEHOLD VARIABLES</b>				
Rural (Ref: Urban)		0.86 (0.71-1.04)	0.83 (0.69-1.02)	0.87 (0.64-1.2)
Nuclear Family (Ref: Joint)		1.07 (0.92-1.24)	1.09 (0.93-1.27)	<b>1.40 (1.06-1.85) *</b>
Wealth Quintile (Ref: Poorest)				
Poorer		1.08 (0.9-1.31)	1.06 (0.88-1.29)	0.78 (0.49-1.23)
Middle		1.02 (0.83-1.27)	0.96 (0.77-1.19)	0.76 (0.48-1.19)
Richer		1.03 (0.78-1.35)	0.98 (0.74-1.31)	<b>0.52 (0.31-0.85) **</b>
Richest		<b>0.48 (0.33-0.69) ***</b>	<b>0.56 (0.37-0.83) **</b>	<b>0.34 (0.18-0.62) ***</b>

Note: Odds Ratio and in parenthesis 95%CI and \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001

Table 5.23 *Logistic Regression Models of SC Women's Empowerment and Attitudes (of Justification of violence) Towards Wife-beating (continued)*

	Model 1	Model 2	Model 3	Model 4
<b>INDIVIDUAL VARIABLES</b>				
Wife's Age (Ref: 15-24Years)				
25-34			0.95 (0.7-1.3)	
35-49			0.92 (0.61-1.39)	
Age at Marriage (Ref: 1-17yrs)				
18-20 years			0.99 (0.81-1.22)	1.17 (0.84-1.62)
21+			0.84 (0.6-1.19)	0.75 (0.5-1.13)
Marriage Duration (Ref: 0-9yrs)				
10-19			1.11 (0.84-1.46)	1.06 (0.76-1.47)
20+			1.41 (0.97-2.07)	<b>1.81 (1.19-2.74) **</b>
Education Level (Ref: No Edu)				
Primary			<b>1.25 (1.01-1.56) *</b>	
Secondary			0.87 (0.68-1.11)	
Higher			<b>0.33 (0.18-0.61) ***</b>	
Religion (Ref: Hindu)				
Sikh			1.07 (0.6-1.9)	0.72 (0.24-2.15)
Buddhist			1.33 (0.95-1.87)	0.98 (0.59-1.61)
Others			<b>1.82 (1.21-2.76) **</b>	<b>2.72 (1.38-5.34) **</b>
Childhood Witness DV			<b>1.78 (1.49-2.13) ***</b>	<b>2.10 (1.54-2.87) ***</b>
Living children (Ref: No Child)				
Only Son			0.85 (0.6-1.19)	0.67 (0.39-1.13)
Only Daughter			<b>0.69 (0.48-0.98) *</b>	0.76 (0.44-1.33)
Both			<b>0.65 (0.47-0.90) *</b>	0.68 (0.41-1.15)
<b>PARTNER RELATIONS</b>				
Difference of age – Wife (Ref: Older or same)				
Younger by 3-5 yrs				1.4 (0.99-1.98)
Younger by 6+ yrs				1.24 (0.88-1.75)
Difference of education (Ref: Less than husband)				
= or > than husband				0.92 (0.71-1.2)
Difference of earning (Ref: Less than husband)				
= or > than Husband				0.77 (0.55-1.07)
Husband drinks alcohol				1.18 (0.9-1.56)
Note: Odds Ratio and in parenthesis 95%CI and *p<0.05; **p<0.01; ***p<0.001				

Table 5.24 *Logistic Regression Models of Non-SC/ST Women's Empowerment and Attitudes (of Justification of violence) Towards Wife-beating*

	Model 1	Model 2	Model 3	Model 4
<b>EMPOWERMENT</b>				
<b><i>Freedom of Movement</i></b>				
Wife allowed to visit alone-Market/health/outside	<b>0.84 (0.76-0.94) **</b>	<b>0.83 (0.74-0.92) **</b>	<b>0.8 (0.71-0.89) ***</b>	<b>0.81 (0.68-0.97) *</b>
<b><i>Household Decision Making</i></b>				
At least alone or jointly	1.04 (0.9-1.2)	1.03 (0.89-1.2)	1.01 (0.86-1.18)	<b>1.36 (1.08-1.71) **</b>
<b><i>Healthcare Decision</i></b>				
At least alone or jointly	<b>0.73 (0.65-0.82) ***</b>	<b>0.71 (0.63-0.8) ***</b>	<b>0.71 (0.64-0.8) ***</b>	<b>0.66 (0.56-0.78) ***</b>
<b><i>Economic Factors</i></b>				
Has money for her own use	<b>0.66 (0.6-0.72) ***</b>	<b>0.68 (0.61-0.74) ***</b>	<b>0.68 (0.62-0.75) ***</b>	<b>0.52 (0.45-0.6) ***</b>
Have bank or savings acct	<b>0.73 (0.65-0.82) ***</b>	<b>0.84 (0.75-0.95) **</b>	0.91 (0.8-1.04)	<b>0.82 (0.7-0.96) *</b>
Wife has cash only earning	0.98 (0.87-1.11)	1.02 (0.9-1.16)	1.05 (0.93-1.2)	1.03 (0.81-1.3)
Decision wife's earning (Ref: Husband alone)				
Jointly	1.07 (0.91-1.26)	1.14 (0.96-1.35)	1.14 (0.96-1.35)	0.97 (0.74-1.27)
Respondent Alone	<b>0.84 (0.71-0.99) *</b>	0.93 (0.78-1.11)	0.91 (0.76-1.09)	0.83 (0.62-1.09)
Someone Else	<b>0.66 (0.46-0.95) *</b>	0.90 (0.6-1.35)	0.89 (0.6-1.34)	0.92 (0.51-1.63)
Decision on husband's earning (Ref: Husband alone)				
Jointly	<b>0.85 (0.74-0.97) *</b>	<b>0.86 (0.75-0.99) *</b>	0.88 (0.76-1.01)	0.82 (0.68-1.01)
Respondent Alone	1.2 (0.99-1.47)	1.2 (0.98-1.47)	1.16 (0.95-1.43)	1.01 (0.74-1.37)
Other	<b>0.68 (0.48-0.96) *</b>	<b>0.61 (0.41-0.9) *</b>	0.72 (0.49-1.06)	1.24 (0.72-2.14)
<b><i>Media Exposure</i></b>				
Read newspaper once a week	<b>0.46 (0.41-0.52) ***</b>	<b>0.65 (0.56-0.75) ***</b>	<b>0.8 (0.68-0.93) **</b>	<b>0.79 (0.67-0.92) **</b>
Listen radio once a week	0.99 (0.89-1.1)	0.92 (0.83-1.03)	0.94 (0.85-1.05)	0.94 (0.82-1.08)
Watch TV once a week	<b>1.21 (1.09-1.33) ***</b>	<b>1.39 (1.24-1.55) ***</b>	<b>1.39 (1.24-1.56) ***</b>	<b>1.24 (1.05-1.46) *</b>
<b><i>Gender Norms and Attitudes</i></b>				
No Controlling behavior of Husband	<b>0.9 (0.82-0.99) *</b>	0.92 (0.83-1.01)	0.93 (0.84-1.02)	1 (0.86-1.16)
Support ability to refuse sex	<b>0.71 (0.65-0.79) ***</b>	<b>0.74 (0.67-0.83) ***</b>	<b>0.74 (0.67-0.83) ***</b>	<b>0.72 (0.61-0.84) ***</b>
No Domestic Violence	<b>0.63 (0.58-0.7) ***</b>	<b>0.66 (0.6-0.73) ***</b>	<b>0.72 (0.65-0.79) ***</b>	<b>0.71 (0.61-0.83) ***</b>
<b>HOUSEHOLD VARIABLES</b>				
Rural (Ref: Urban)		<b>1.13 (1.01-1.27) *</b>	1.13 (1-1.27)	<b>1.19 (1.01-1.39) *</b>
Nuclear Family (Ref: Joint)		0.96 (0.87-1.06)	0.94 (0.85-1.04)	0.88 (0.77-1.02)
Wealth Quintile (Ref: Poorest)				
Poorer		1.22 (1.05-1.41)	<b>1.2 (1.04-1.4) *</b>	0.8 (0.57-1.11)
Middle		<b>1.45 (1.24-1.69) ***</b>	<b>1.44 (1.23-1.68) ***</b>	1.19 (0.86-1.66)
Richer		0.98 (0.83-1.17)	0.97 (0.82-1.16)	0.84 (0.61-1.17)
Richest		<b>0.48 (0.39-0.59) ***</b>	<b>0.57 (0.46-0.71) ***</b>	<b>0.42 (0.29-0.6) ***</b>

Note: Odds Ratio and in parenthesis 95%CI and \*p&lt;0.05; \*\*p&lt;0.01; \*\*\*p&lt;0.001

Table 5.24 *Logistic Regression Models of Non-SC/ST Women's Empowerment and Attitudes (of Justification of violence) Towards Wife-beating* (continued)

	Model 1	Model 2	Model 3	Model 4
<b>INDIVIDUAL VARIABLES</b>				
Wife's Age (Ref: 15-24Years)				
25-34			<b>1.47 (1.22-1.77) ***</b>	
35-49			1.28 (1-1.65)	
Age at Marriage (Ref: 1-17yrs)				
18-20 years			<b>0.84 (0.74-0.95) **</b>	0.93 (0.79-1.1)
21+			0.88 (0.74-1.05)	<b>0.83 (0.69-1) *</b>
Marriage Duration (Ref: 0-9yrs)				
10-19			0.95 (0.8-1.12)	1.05 (0.88-1.24)
20+			1.19 (0.94-1.5)	<b>1.29 (1.06-1.58) *</b>
Education Level (Ref: No Edu)				
primary			0.93 (0.81-1.07)	
secondary			0.94 (0.81-1.09)	
higher			<b>0.49 (0.37-0.63) ***</b>	
Religion (Ref: Hindu)				
Sikh			0.87 (0.51-1.48)	0.9 (0.5-1.65)
Buddhist			0.32 (0.08-1.31)	1.15 (0.21-6.2)
Others			0.95 (0.84-1.09)	1.21 (0.99-1.47)
Childhood Witness DV			<b>1.4 (1.25-1.58) ***</b>	<b>1.35 (1.14-1.61) **</b>
Living children (Ref: No Child)				
Only Son			0.98 (0.81-1.2)	1.01 (0.78-1.31)
Only Daughter			1.01 (0.82-1.24)	0.92 (0.7-1.21)
Both			0.96 (0.79-1.16)	0.98 (0.76-1.27)
<b>PARTNER RELATIONS</b>				
Difference of age – Wife (Ref: Older or same)				
Younger by 3-5 yrs				1.12 (0.94-1.35)
Younger by 6+ yrs				<b>1.2 (1.01-1.44) *</b>
Difference of education (Ref: Less than husband)				
= or > than husband				1.01 (0.88-1.15)
Difference of earning (Ref: Less than husband)				
= or > than Husband				<b>0.85 (0.72-0.99) *</b>
Husband drinks alcohol				1 (0.86-1.15)
Note: Odds Ratio and in parenthesis 95% CI and *p<0.05; **p<0.01; ***p<0.001				

### **Comparative Findings-SC with Non-SC/ST Regression Tables (5.23 and 5.24)**

The third aim of this research was to examine empowerment variables and their impact on the likelihood of justification of DV among SC and non-SC/ST women. The results are compared across four models among SC and Non-SC/ST women. Across all models, as compared to non-SC/ST women, SC women with money for their own use have less odds of justifying DV. SC and non-SC/ST women both report reduced odds of justifying DV if they are richer. If there is no domestic violence, among SC women it is more empowering as they have reduced odds of justifying DV as compared to non-SC/ST women.

In first model (unadjusted), analyzing empowerment variables, SC women are relatively more likely to justify DV on most of the significant variables. However, if she has money for her own use, when compared to non-SC/ST women, SC women are more empowered and report less odds of justifying DV.

In Model 2, when adjusted for household variables like place of residence, type of family, and wealth quintile, compared to non-SC/ST women, SC women have higher likelihood of justifying DV when they make alone or jointly healthcare decisions. It is interesting to note that non-SC/ST women are more likely to justify DV if they watch TV at least once a week.

Model 3, after adjusting for household and individual variables, among SC (compared to non-SC/ST) women there are reduced odds of justifying DV if they have money for their own use, a home safe of domestic violence and have a higher education. However, there are higher odds of justifying DV if SC women have witnessed DV in childhood.

In the last model, when adjusted for individual, household, and partner's characteristics variables, SC women have less odds of justifying DV if they have money for their own use and if they are in the richest quintile. Compared to non-SC/ST women, SC women have higher odds of justifying DV if they watch TV at least once a week, if they have been married for 21 years or more, and if they have witnessed DV in childhood.

## **Chapter 6 Discussion and Analysis**

After six years of experiencing domestic violence, I had to run away with my daughter to my parents' home without informing my husband. As long as my parents lived, I had no problem. Once they died, however, my brother and sisters drove me away from their homes whenever I approached them. After many struggles, I am now living with my child in my parents' house. I move around doing domestic work and with this income I am trying to educate my child. I now believe in my capacity and my hard work. It's no use depending on others; best to live independently from your own hands.

- Jaya, A Dalit women (Irudayam et al., 2014, p. 252)

This research was aimed at understanding the factors that affect domestic violence (DV) especially among Scheduled Caste women in India. DV remains one of the most significant threats to the health and safety of women in India and globally. This research examined data from the National Family Health Survey III and analyzed the various aspects that influence DV. The study also compared the experiences and determinants of DV among Scheduled Caste (SC) and Non-Scheduled Caste/Scheduled Tribe (non-SC/ST) communities.

DV is explored in this research in the contextual relation with women's empowerment. According to Nussbaum (2000b), some of the central human capabilities that are adversely impacted by DV are bodily integrity, emotional well-being, bodily health, practical reasoning, affiliation, and control over one's environment. The first aim of this study was to explore various individual, household, and empowerment variables and their linkages with DV through bivariate and distribution analysis. The second aim of this study hypothesized that if women are more empowered in terms of household decision-making, economic autonomy, media awareness and sexual autonomy, they are less likely to experience DV. Results show that the hypothesis relating to economic empowerment and autonomy was affirmative, it shows more economic empowerment in



terms of having money for own use, having bank account, and having work for pay, reduced the likelihood of DV. SC women were empowered when they had the capability to earn wages; however, they had no instrumental freedom to spend their own earnings. However, contrary to the study's hypothesis, having better empowerment (household-autonomy, healthcare decision-making, sexual-autonomy) increased the likelihood of women experiencing DV. And the third aim of this research was based on the hypothesis that if women are more empowered, they are less likely to justify DV. Results shows that empowerment indicators impact the likelihood of justifying the DV shaping women's gender norms and attitudes. This chapter further examines these aims of the study and analyze the findings in the context of the theory and literature.

### **Caste and Gender Inequality**

The ecological model (see Figure 2.1) used for this research encompasses the caste and gender inequality as an important dimension to understand the location of women in Indian society. This caste dimension is an expansion of the conceptual model of Heise (1998) and Naved & Persson (2005). Indian social hierarchies based on Varna/caste order place Scheduled Caste women in the lowest socioeconomic rank. The socio-cultural practices, customs, and traditions play a significant role in women's oppression and family violence. Such environment curtails the freedom of women and disempowers their capability to realize their dignity, freedom, and development. The Indian National Crime Record Bureau database study observed that the regions with lower gender-equality development are associated with the higher rate of dowry deaths (Hackett, 2011). Furthermore, the DV is primarily rooted in the patriarchal belief of ownership of women's physical, mental and sexual existence. Her autonomy and mobility are

controlled by her male counterpart (Subadra, 1999). The intersectionality of caste, class, and gender is observed with differential experiences of DV among Scheduled Caste women (Irudayam et al., 2014).

This research examined the likelihood of DV among Scheduled Caste women and compared it with non-Scheduled Caste/ Scheduled Tribe Women. It was observed that on most of the indicators the experiences of SC women were worse than those of non-SC/ST women.

### **Individual and Household Demographic Factors**

Individual and household demographic factors have significant implications for DV that is elaborated in the ecological model (discussed in chapter 2, Figure 2.1). These individual and household variables were used for this research analysis for bivariate and regression analysis. As compared to the non-SC/ST communities, SC respondents reported higher experiences of emotional, physical, and sexual violence. Close to one-third (36.6%) of the non-SC/ST respondents experienced violence compared to nearly half (48%) of SC respondents. Although SC women faced severe emotional and sexual violence, they faced extreme physical violence (43.5%). Previous research focused on general trends of DV in India; however, research on understanding DV amongst SC is largely neglected.

The descriptive statistics on socio-economic indicators of India show the low level of education among SC women. The representative sample also indicates that most respondents were from a rural region (SC-73% & non-SC/ST- 66%). Social and health indicators demonstrate the percent of male-headed households, child marriages, male child preference, and childhood witness to DV. The proportion of these social indicators

across SC and non-SC/ST respondents were largely similar. However, the bivariate association of various social indicators and DV amongst SC and non-SC/ST varies. The cross tabulation shows an association of “male-headed household,” “child marriages,” “male child preference,” “low education level,” and “DV exposure in childhood” with Domestic Violence. The association of these variables with DV is higher amongst SC as compared to non-SC/ST. Likewise, Koenig et al. (2006) indicated that the witnessing of violence in childhood is associated with intergenerational transmission of DV. It is observed that such an intergenerational transfer of DV is more prominent amongst SC women.

In eastern India, Babu and Kar (2010) study found that the early marriages, low education, low occupation, and alcoholic husbands predict the likelihood of DV. Regional disparities influence the social environment towards women and low caste. Dr. Ambedkar said in the context of the rural-urban question, “What is a village — a sink of localism, a den of ignorance, narrow-mindedness and communalism” (Keer, 1995). There is dismal awareness about the rights of women in rural society, and even if people have awareness, the social structure does not support gender equality (Atal & Kosambi, 1993; Keer, 1995). The social and patriarchal structures in rural society make women more vulnerable to violence. In this study regression analysis was conducted to look at the likelihood of DV if the women are more empowered. The models of regression analysis were adjusted for individual and household variables.

The individual variable of location of respondent was significant especially if the women is from the rural region, they are less likely to report DV. Based on these results one cannot infer that there is less DV in the countryside, but these low report of DV in

rural areas may be due to a lack of awareness of rights and poor law and order. Irudayam et al. (2014) in their national study on violence against Dalit (Scheduled Caste) women shows that majority of cases goes under-reported due to fear, intimidation, and family-social pressure. Similarly, Krishnan (2005) found that in rural South India women from a lower caste, low economic status, and an alcoholic husband have higher odds of DV. Hence, the situation of SC women in rural India is critical and more vulnerable to their urban counterparts.

### **Empowerment and Determinants of Domestic Violence**

The conceptual model used in this research expands on the framework of Heise (1998) and Naved and Persson (2005). This framework helps in explaining the DV against women as result of interaction between multiple factors in the social-structural ecology. The conceptual model used for this research (which incorporates multiple factors like society-gender-caste inequality, individual household factors, empowerment, and capability) is correlated with the likelihood of DV. Empowerment and autonomy are crucial in determining women's agency to be mobile, own resources, and have household and healthcare decision-making powers (Panda & Agarwal, 2005; Jejeebhoy, 2000; Sen, 1999).

This section discusses the empowerment variables and its association with DV. These empowerment variables are freedom of movement, household decision-making, healthcare decision making, economic autonomy, media exposure, and gender norms and attitudes. It further discusses the analysis of covariates used in the regression models including individual and household variables.

National and international agencies have recognized DV as one of the most critical impediments to the health and well-being of women. However, the issues around freedom for the safe environment from marital violence have not been adequately addressed in India. Women continue to face violence that severely deprives them of their economic and holistic well-being. The developmental approach to assessing capability deprivation used by Sen, Nussbaum, and the United Nations can shed some light in evaluating the determinants of violence.

Sen's (1999) empowerment theory as a capability approach is measured in terms of various freedoms. The central focus of the capability of an individual can be understood through the essential list of functionings a person is able or not able to achieve. Functionings are the valued beings and doings of people, for example, functionings of being healthy and being nourished. It may be the case that the woman although having the ability to being nourished also has a freedom of choice to remain hungry due to religious fasting. A woman may choose to stay at home for household work or engage in informal labor rather than engaging in the formal skilled labor market. Like self-determination, empowerment, and the social justice approach, in the capability approach, a person should have the freedom to choose the life they value (Pyles, 2008).

Being the most deprived section of any society, women are most vulnerable to DV and hence deprived of their capabilities. The capability is also defined by the ecosystem of personal, family, community, class, gender, and social structures. The gender oppression in society is explained by Sen (1995), who states, "there are systematic disparities in the freedoms that men and women enjoy in different societies, and these disparities are often not reducible to differences in income or resources. While

differential wages or payment rates constitute an important part of gender inequality in most societies, there are many other spheres of differential benefits, e.g., in the division of labour within the household, in the extent of care or education received, in liberties that different members are permitted to enjoy” (p. 122). With cross-cultural dialogue and expanding on the Sen’s work, Nussbaum (2000a) listed the ten human capabilities that address feminist concerns: life; bodily health; bodily integrity; senses, imagination, and thought; emotions; practical reason; affiliation; other species; play; and control over one’s environment.

This research has examined various empowerment variables to understand the likelihood of DV against women. Experiencing DV deprives women of capabilities to achieve full functionings of being and doing. The capability deprivation not only impairs one’s ability to achieve their well-being due to gender discrimination, but caste discrimination also plays a vital role in Indian society. Hence, this research analyzed and discussed DV experienced by Scheduled Caste women compared with non-Scheduled Caste/Scheduled Tribes. Each of those thematic aspects of empowerment variables and its relation with DV are discussed in following pages.

### **Freedom of Movement**

Freedom of movement can constitute some of the funtionings like, 'having mobility', 'being involved in social interactions', 'managing the home' and so on. DV was reported by 50% of the Scheduled Caste women and 36% of non-Scheduled Caste/Scheduled Tribe women if they chose to go alone to market, healthcare facility, and places outside the village. Within these caste groups, the reports of violence were higher if they go alone to these places, as compared to if they go with someone else or do

not go at all. The perpetrator of violence tries to restrict the freedom and mobility of women by isolating them from her friends, her relatives, and social institutions. It further put the perpetrator in the nexus of violence as she has no opportunity to escape this abusive relationship (Sullivan, 1991). The seventh capability proposed by Nussuabaum (2000a) – *Affiliation*- is deprived as the woman in such an abusive relationship is not able to nurture a conducive environment. Nussbaum (2000a) defines Affiliation as a capability in terms of,

- a. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another. (Protecting this capability means protecting institutions that constitute and nourish such forms of affiliation, and also protecting the freedom of assembly and political speech.)
- b. Having the social bases of self-respect and no humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of nondiscrimination on the basis of race, sex, sexual orientation, ethnicity, caste, religion, national origin. (p. 14-15)

The second aim of this research was to examine empowerment variables and their impact on the likelihood of DV. Contrary to the hypothesis, it was observed that empowerment (on the freedom of movement and household autonomy) does not reduce the likelihood of domestic violence. The socio-cultural norms regulate the movements of women in Indian society, as it is commonly understood by lay people as *Laxman Rekha*. If she tries to cross the boundary of her house, she is destined to face violence or sexual abuse outside. This connotation of *Laxman Rekha* in popular usage comes from the religious scripture Ramayana, where Laxman draws a line outside the home to protect Sita, his sister-in-Law when he goes to the forest in search of his brother Rama<sup>8</sup>. Affiliation, the seventh

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<sup>8</sup> According to spiritual scripture Rama was a reincarnation of Vishnu. He is revered as a Hindu god across India.

capability in Nussbaum's list, plays a significant role in understanding women's freedom and wellbeing. Women who are restricted to form an affiliation with her friends, family, and community are enslaved in a closed environment. Such restrictive environment may put her in difficult circumstances of the violent and abusive relationship. She does not have the ability to move outside and share her pain with others (not even to her parents and relatives). The research findings of this study show how such social expectations are imposed by socio-cultural norms and if violated can attract DV as a punishment. Brown and Agrawal (2014) discuss the chilling case of a gang rape in Delhi that triggered protests globally. The victim went out of her home to go to a movie with her friend at night, and this is what encouraged some men to commit the crime against her. Similarly, Brown and Agrawal (2014) study explains how an exercise of autonomy and empowerment (of going out in night with friend) can result in rape and violence in public space. So, to protect the women, these boundaries of restrictive time and space are imposed. However, such conservative social behavior not only limits her ability to develop an affiliation with friends or family, but also can further silence her voice and perpetrate DV. As a result, according to Nussbaum (2005), "in the family, actual violence deforms marital love and/or the relationship of female children to their parents and their surrounding world" (p. 173).

To enhance affiliation Nussbaum (2005) proposes that women should have a support of society to have self-respect and no humiliation, and she should be able to be treated as a dignified being whose worth is equal to that of others. Research findings show such unequal treatment based on gender and caste results in a higher likelihood of DV amongst SC woman as compared to non-SC/ST woman. Non-discrimination



practices (based on race, sex, sexual orientation, ethnicity, caste, religion, national origins) should be required in order to promote dignity and justice.

### **Household and Healthcare Autonomy**

Some of the findings were contrary to the hypothesis, greater empowerment does not result in reduced DV. Analyzing empowerment variables relating to household decision-making (to go to market, healthcare services, and travel outside village/town), it was observed that there are higher odds (29%) of violence if the household decisions are made by the SC women alone or jointly with their husbands, rather than husband making all the decisions. In a regression model, when adjusted for individual variables amongst SC and non-SC/ST women, household decision-making autonomy (when women make decisions alone or jointly with husbands) was significantly associated with a greater likelihood of experiencing DV. However, as compared to non-SC/ST women, SC women had higher odds of experiencing violence than non-SC/ST women when they make decision alone or jointly with their husband.

Both SC and Non-SC/ST respondents reported that men were predominantly the head of the household. As a result, the ownership of resources was nearly always restricted to the male in the family. As imposed by socio-religious practices of patriarchy, the property of women will be owned either by her parents, brothers, or other males in her family. And when she is married the property or resources are owned by her husband, son or her father-in-law. Spiritual text *Manusmruti* states that women and Shudras (lower caste) are not allowed to own property. This dominance of men and control of autonomy and resources by men is aptly captured in a quote from Nussbaum (2000b):

We come from our family's house to live in our husband's house. If we mention our name in this house, they say, "Oh, that is another family." Yet

when it comes to working, they saying, “what you earn is ours, because you are in this family’s house,” or “because you are working on this family’s land. Let the land be registered in our names. So that we will not always feel like we are in someone else’s family.” – (Santokbehn, a female agriculture laborer, Ahmedabad). (p. 221)

Similar to the lack of household autonomy, women from SC communities are also vulnerable to health hazards as they are undernourished, they have high illiteracy, and they have limited access to quality health services. They are regularly exposed to caste-based violence and severe forms of sexual abuse and violence. When adjusted for individual variables, healthcare decision-making, whether alone or jointly with husbands, was associated with higher odds of DV amongst non-SC/ST women.

### **Economic Freedom**

Regression model 2, which is adjusted for individual variables shows the economic profile of the family also impacts the incidence of DV. Confirming to the hypothesis of greater empowerment resulting in reduced DV, this research observed that women in higher economic index family, whether SC or non-SC/ST, are less likely to experience DV. Interestingly, being employed is more empowering for SC women compared to non-SC/ST women in terms of decreasing the likelihood DV. In addition, if women justify DV, SC women were more likely to experience DV when compared non-SC/ST women. Babu and Kar (2010) found in their study that being from higher income families may act as a protective factor against DV. This may have two opposing viewpoints, one the women with higher economic strata tend to have the higher educational capability and thus higher autonomy acts as a protective factor against DV. An opposing viewpoint may be, the women from higher socio-economic strata may have limited ability to voice their issues due to the social stigma around why should one

expose internal family issues to the outside world. In a conservative society, the higher socio-economic mobility may not co-relate with liberal values.

Although the economic empowerment resulted in reduced odds of DV, when analyzed for the autonomy on spending own earnings, there were higher odds of DV. This was contrary to the hypothesis, and real economic power is restricted by husband's controlling behavior over her resources. SC women have reported less financial autonomy in terms of having a bank account, being paid for work in cash, and spending decisions. Like other property and resources, the money SC women earn is not considered to be owned by herself. In general, both the money earned by her husband and money earned by herself is owned by her husband, and he has an absolute say on how it should be spent. The research findings show that in cases where the husband and wife makes the decisions jointly about the wife's and husband's earnings, there are fewer reports of DV. However, if the woman alone or husband alone makes decisions about spending her own or husband's earnings, there is higher reporting of DV. Atkinson, Greenstein, and Lang (2005) in their article, "For Women Bread Earning Can Be Dangerous," observed that women having a good source of income are more likely to be abused especially if their husband has traditional and orthodox thoughts. These findings are consistent with current results of research where the controlling or conservative nature of husband inflicts more DV on women.

In a scenario where women had some say about their own earnings or their husband's earnings, the likelihood of DV is much higher. In such cases where women exercise their autonomy on their own earnings, the vulnerability of SC women to violence is much higher as compared to non-SC/ST women when she tries to realize her

financial autonomy. After adjusting for individual and household variables, the regression analysis shows if women work for pay, it reduced the odds of DV amongst SC women when compared to non-SC/ST women. As the paid employment is observed as a protective factor for SC women, the job stimulation or educational enhancement efforts will help lower DV among SC women. In a similar vein, Panda and Agarwal (2005) argues that measuring DV is essential to evaluate human development and human capability expansion. In their study on DV in Kerala, women owning immovable property (land or house) reduces the risk of DV. Hence, it is a protective factor for women if they have paid employment and ownership of tangible land or other resources.

More representation of SC women in the workforce is sometimes confused with greater empowerment as compared to non-SC/ST women. However, this low-paid informal workforce representation amongst SC women is a consequence of the poor socio-economic circumstances in SC communities. Such circumstances force SC women to work in the informal labor market that is marked by hazardous work environments and with low wages. With the better socio-economic conditions amongst non-SC/ST women, they are not forced to work in dangerous low-paying work environments. The informal work in labor market and in farms of high caste, further makes the SC women vulnerable to innumerable cases of sexual abuse and rape, many of which go unreported (Irudayam et al., 2014). In addition, the working women also attracts more DV due to suspicion and lack of trust by husbands. The husband having controlling behavior – “not allowing her to talk to her friends and lack trust” are more prone to commit DV.

Deshpande (2007) observed that the National Family Health Survey (NFHS) I (1998-1999) and NFHS II (1992-1993) reflect that liberalization policies in India have

not reduced the caste inequalities between SC and upper caste women. Data shows that as compared to SC women, “upper caste” women had better educational outcomes and higher levels of occupational mobility (Deshpande, 2007). This research further observed the deprivation of economic freedom amongst SC women on their reduced ability to get an education, reduced ability to pursue paid employment and lack of opportunities for ownership of property. These deprivations of freedoms affect SC women’s autonomy, and it further increases their vulnerabilities that put them in an unsafe marital space.

### **Justification of Domestic Violence**

The ecological model (Figure 2.1 in chapter 2) comprised of social inequality (based on caste and gender), demographic (individual and household), and empowerment spheres and its linkages with the likelihood of justifying DV. This conceptual model was also captured in the third aim of this research - to examine the association of empowerment, DV, and gender norms, and their impact on the likelihood of justification of domestic violence among SC and non-SC/ST women. The variable on the justification of DV was recoded into a dichotomous variable if the respondents reported it is okay for husbands to beat their wives for any of these situations- i. if she goes out without telling him; ii. if she neglects the children; iii. if she argues with him; iv. if she refuses to have sex with him; v. if she burns the food; vi. if she is unfaithful; vii. if she is disrespectful to in-laws.

The hypothesis was women who are more empowered are less likely to justify DV. This hypothesis receives some support from the data in this research. The logistic regression looks at odds of justifying DV in relation to the determinants of empowerment or autonomy. Four models of regression were calculated- first, the unadjusted model, and

the others sequentially adjusted for household, individual, and partner characteristics variables. Some of the findings confirm the hypothesis, amongst SC women, that empowerment variables of having healthcare decision autonomy significantly decreased the likelihood of justifying DV. Similarly, having economic autonomy in terms of having money for her own use and having autonomy to spend her own earnings also reduced the odds of justifying DV. In all four models among non-SC/ST women, empowerment in terms of having freedom of movement, autonomy in healthcare decision for herself, having money for her own use, sexual autonomy, and exposure to media (reading the newspaper at least once in a week) reduced the odds of justifying DV. Having a bank or savings account is an indicator of empowerment that increases women's confidence, and thus they are less prone to justify DV (in Model 1,2, & 4).

However, contrary to the hypothesis, in all four models, if SC women who have a say on how to spend the husband's earnings, there are higher odds of justifying DV. SC women with higher education were less likely to justify DV. A husband controlling his wife's earnings is a cultural signifier of a conservative society. Such orthodox practices are consistent with studies that examined the determinants of justifying DV by women in rural India; they observed the causes like social taboos, cultural practices, and lack of government intervention to protect domestic abuse (Jejeebhoy,1998).

Among SC women, Individual and household variables like belonging to the nuclear family, 20 years or more age of marriage, and childhood exposure to DV increased the odds of justifying DV. Among non-SC/ST, when adjusted for the individual, household, and partner character variables, being from a rural region, childhood exposure to DV, an age difference of six years or more between the husband

and the wife, and a marriage duration of 20 or more years, can increase the probability of justifying DV. The gender attitude also varies according to the individual and household variables. In a study in rural Egypt, if the women were from rural regions, married to blood relatives, or in early marriages, they were more likely to justify DV (Yount & Li, 2009).

When compared with non-SC/ST, SC women who have autonomy on healthcare decision-making are less likely to justify DV. Having money for her own use is relatively more empowering for SC women as it reduces the likelihood of justifying DV. Amongst non-SC/ST women, watching TV at least once a week is associated with the greater justification of DV than among SC women. For both SC and non-SC/ST women, if they experienced low DV they have fewer odds of justifying DV. Moreover, women from wealthier households are less likely to justify DV. This gender attitude is similar amongst higher economic index households among both SC and non-SC/ST respondents. The likelihood of justification of DV is significantly higher amongst SC than non-SC/ST if the respondents were exposed to DV in their childhood.

Women are expected to follow the patriarchal norms, and violation of those norms attract harsh punishments. These social norms are more stringent for SC women than non-SC/ST women. In a study on examining individual and contextual factors of DV in North India, 12% to 84% of the husbands believed in punishing wives or physically isolating them if they disobey their instructions (Koenig et al., 2006). The justification of violence is intergenerational, women who are exposed to DV in childhood are more prone to justify DV in their marital relations. It also has another dimension; social norms not only compel her to keep silence but also to justify marital violence to protect the

dignity or prestige of her husband's and maternal family. For their existential reasons, it is crucial for women to follow these patriarchal norms. They are socialized since childhood to believe that the husband has the authority to punish his wife if she tries to break these social norms. Research findings show that such deep-seated patriarchal psyche is more dominant among SC women as compared to non-SC/ST women. The social hierarchy and intersection of caste, class, and gender, further create a psychological deprivation among SC women shaping their conservative gender attitudes. On various social indicators, SC women continue to face triple layer of discrimination and violence in public and private space (Irudayam et al., 2014).

### **Limitations of the Research**

There are various limitation of this current study. The DV module that is used for this research from National Family Health Survey-III is not comprehensive in nature, especially it does not capture the distinct social context. This lack of contextual specific questions is also due to the logistical constraints of the data collection as the Demographic and Health Surveys (DHS) are implemented in many other countries. The paucity of standardized definitions of empowerment and other indicators presents a big challenge to developing a measurement tool that will capture the context-specific issues (Upadhyay & Karasek, 2010). Kishor and Subaiya (2008) emphasized that to measure empowerment at an individual level, researchers must translate the amorphous constructs into a set of specific questions that the population-based survey include in the future. While it is desirable for DHS to use standardized questionnaires for all developing countries, empowerment in one context may have limited relevance in another country or for that matter within the same country due to regional variations.



General survey questionnaires applied in several countries may not capture the cultural context in one country, and further local dynamics may not be reflected in questionnaires. For example, the caste dynamics affecting DV are unique to India. Gadkar-Wilcox (2011) elaborated on the case of inter-caste marriage of Usha Yadav (Caste-Hindu) with a Dalit man. The father of the bride detained the groom's mother and gang-raped and burned her alive in public. Such everyday incidences are linked to DV but are beyond the purview of the DV definition. The nature of DV becomes more complex when a Dalit woman marries a higher caste man (Gadkar-Wilcox, 2011; Irudayam et al., 2014). Variables such as these on inter-caste marriages are not included in the NFHS survey related to Dalit/Scheduled Caste women.

The age group of ever-married women respondents is the reproductive ages of 15 to 49 years; however, DV in early marriages and post-reproductive age is not included in this NFHS survey. Also, women or girls who are not married in the household also face DV, but this population is also not covered in this research. Perpetrators of DV in this research are husbands who commit violence against their wives. DV by the husband and his controlling behavior is also shaped by his family (Irudayam et al., 2014). This aspect is not reflected in the survey questionnaire as it inquires only about the controlling behavior and gender attitudes of husband and wife. Survey modules on DV have questions on outreach in the case of DV, for example, if they contact their maternal family, police, non-profits, or others. However, the coping mechanisms to deal with the stress caused by DV were not covered in this study.

## **Social Work and Policy Implications**

Social Work principles guide us to address inequalities in society, and these principles motivate us to work towards the upliftment of marginalized and underserved populations. According to the World Health Organization (2014), intimate partner violence and sexual violence are major public health problems. The population of 98 million Scheduled Caste women remains understudied around DV, and that is a matter of concern. Further evidence-based practice studies are needed on understanding the dimensions of empowerment, gender attitudes, outreach/coping mechanisms, and their relation to DV. Such studies can guide social work policy and practice.

In summary, the findings of this study show that empowerment and well-being of women reduce her vulnerability to DV. Scheduled Caste women who face a triple layer of discrimination (caste, class, gender) are more prone to DV compared to non-SC/ST women. This differential hierarchy serves as a compelling reason for researchers and policy makers to design interventions to address the needs of these distinct clients. It is also important to further examine the causes of DV amongst these communities considering the local context of SC women to better understand and serve their needs.

Enhanced social empowerment indicators like access to money, property ownership, and ability to spend one's own money should be able to bring more autonomy and safer environments in marital space. Besides resource ownership, access to skilled education, good employment, and media awareness can also transform the lives of women from marginalized communities. The social welfare schemes of land redistribution to the landless should emphasize that the title of the land should be jointly in the names of the couple. However, this research uncovered the facts that although

women earn money to support the family, they do not have autonomy to spend their own money. So the joint ownership of land entitlement may not bring more freedom and autonomy. Hence, the factors that enhance their instrumental capability should be further studied.

The path towards real freedom and capability will be to bring about comprehensive development in the life of the family and their children through good education, enhanced skilled employment, and awareness about human rights. The values of self-respect, dignity and women's equality must be taught to children from an early age in both their families and schools. Treating and upbringing children with utmost respect and creating safe household environments can give a positive image of parental relations with the children. This will help in reducing the intergenerational transfer of DV. It is also equally important to work with men to create awareness and accountability towards themselves and their families.

The severity of DV increases especially when the husband is alcoholic. This alcoholism of husbands also seriously impairs the well-being of women. Social workers and policy makers need to address alcohol abuse. Interestingly, some state Ministries of Social Justice that looks into the welfare programs of Scheduled Castes also has a Center for Drug and Alcohol Rehabilitation implying that alcohol is somehow linked to Scheduled Caste families. In this study, alcohol abuse was relatively higher amongst SC families than non-SC/ST families. Ideally, alcohol abuse and rehabilitation programs should work in collaboration with the Ministry of Women and Child to comprehensively understand the impact of this abuse on the well-being of women and their children and shape policies accordingly to reduce alcoholism. Some cities and states banned alcohol in

the region; however, they have found increased deaths of people due to drinking spurious alcohol. The funding and induction of quality deaddiction rehabilitation services are urgently needed so that many lives of women will be saved and improved.

Research around help-seeking patterns needs to be undertaken to highlight the rescue efforts of women in cases of DV. Many times, having access to escape from the abusive relationship can save their lives. It is important to understand the access of women to the first point of contact in these vulnerable situations.

The efforts by Tata Institute of Social Sciences to make available police cells for women has had a remarkable imprint in the areas of addressing the issue of DV when women survivors of DV visit police stations (Dave, 2015). Social workers have been appointed in police stations and it has been emphasized that these cases must be handled by women police constables and officers. One Stop Crisis Center, Dilaasa, a hospital based Crisis Centres for women facing DV in Mumbai was started by collaboration with Municipal Corporation of Greater Mumbai and CEHAT (a healthcare NGO) (Deosthali, Maghnani, & Malik, 2005). There have been efforts to work with social workers in hospitals as the victims of DV also visit hospitals due to injury. However, women often avoid reporting violence and give false reasons for their injuries. The social worker in hospitals can play a crucial role in identifying the household situation of threat and violence and thus helps to protect victims of DV. The Dilaasa project developed a one stop crisis services center, including healthcare, counselling, legal aid and other related incidental services in a single hospital space. They developed innovative training and sensitization programs for the hospital staff. The Tata Institute of Social Sciences, Mumbai also had a project called Thane Health Project AAROHI to provide intervention

in this area. Similarly, the vulnerable children in such unsafe and violent marital space need special attention. There is no service by the government to understand and address the needs of such children.

The Ministry of Women and Children, National Women's Commission, National Human Rights Commission and Constitutional provisions have a larger role to play to provide adequate resources to implement the policies, research, and evaluation. The law has deterrence effects, government can play a crucial role in effective implementation of the Protection of Women from Domestic Violence Act, 2005 along with making adequate provisions for legal infrastructure and budgetary allocations. Similarly, other legal and constitutional instruments should safeguard the rights of women. Civil society and media should continue to play role of watchdog to monitor these cases women's rights violations. The Scheduled Caste-Sub plan budget can be allocated to address these areas of intervention for DV among SC communities. Distinct experiences of SC women need to be recognized, and accordingly, social work, and public health initiatives should be developed to meet their needs. The best globally available practice models (examples: One Stop Crisis Center) can be further implemented in India by modifying it to fit the local and cultural context. The education, training, and development of social workers, shelter homes for women, safe space for children, and rehabilitation of men and other services must be enhanced.

Above all men should be equal partners in eradicating this DV menace, as they are part of this gender inequality problem. Men who inflict DV have internalized Brahmanical patriarchy. The dialogue within Dalit community must give space to discuss how to address internal marital and family violence along with fighting for caste based

atrocities outside. Irudayam et al. (2014, p.302) reminds us of Dr. Ambedkar's quote, "Unity is meaningless without the accompaniment of women. Education is fruitless without educated women, and agitation is incomplete without the strength of women... the progress of the Dalit community should be measured in terms of progress made by its women folk. Every woman should stand by her husband, not as his slave but as his contemporary, as his friend." The enhanced capability and emancipation of women will pave the way for a happier, healthier, and more prosperous Dalit community and Indian nation.

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**Curriculum Vitae**  
**LALIT P. KHANDARE**

**EDUCATION**

**Indiana University, Indianapolis, IN**

**Ph.D. in Social Work** (Minor in Public & Environment Affairs and Philanthropy Studies), 2017

**Dissertation:** “Domestic Violence and Empowerment: A National Study of Scheduled Caste Women in India”

Indian Institute of Technology Bombay, India

**M.Phil.** in Planning and Development, 2006

**Thesis:** “CSR Policies on Diversity and Discrimination in the Workplace in India: A study of Advocacy by Dalit International Solidarity Organization”

National Law School of India University, Bangalore, India

**Post Graduate Diploma** Human Rights & Law, 2005

Tata Institute of Social Sciences, Mumbai, India

**M.A. in Social Work**, 2003 (Transcripts reviewed and accredited by CSWE)

Sant Gadge Baba Amravati University, India

**Master of Commerce**, 2001

**Bachelor of Commerce**, 1999

Government Polytechnic, Amravati,

Advanced Diploma Computer Software System Analysis and Applications  
(**ADCSSAA**), 2001

**PROFESSIONAL DEVELOPMENT**

Oxford Poverty and Human Development Initiative (OPHI), University of Oxford

Summer School on Capability & Multidimensional Poverty Research Methods at  
Peru, 2009

Indiana University Purdue University Indianapolis- Preparing Future Faculty Scholars  
Program, 2010-2012

Teaching Pedagogy Course on Theory, Practice, and Assessment of Social Work  
Teaching, 2010.

## **RESEARCH EXPERIENCE**

### **Indiana University, School of Social Work, Indianapolis, IN**

Research Assistant/Co- Principal Investigator, Summer 2016

Research on Social Work/Welfare Program's engagements in addressing homelessness (one of the 12 grand challenges of Social Work Profession)

In collaboration with National Homelessness Social Work Initiative, National Center for Excellence in Homeless Services, University at Albany State of New York and Indiana University School of Social Work

### **Indianapolis Housing Agency, Indianapolis, IN**

Research Officer, June- September 2011

Community Needs Assessment Survey Designed, conducted pilot study and data collection on housing residents under programs of Housing and Urban Development in Indianapolis

Data analysis of survey- 2007 on "Building a stronger community" with local housing residents served by Indianapolis Housing Agency

### **Indiana University, School of Social Work, Indianapolis, IN**

Research Assistant, August 2007-December 2008

Evaluated USAID funding in Eastern Europe for community building through school education for peace building efforts

Research project on mental health consequences of Washington Sniper attack

### **Indiana University, School of Social Work, Indianapolis, IN**

Research Assistant, August 2006- June 2007

Conducting literature review for research on online social work teaching

Collaborated in developing curriculum for Bachelor of Social Work at Moi University, Kenya

### **Indian Institute of Technology Bombay, Department of Humanities and Social Sciences**

Teaching/Research Assistant, July 2004-July 2006

English language assistance to socio-economically underserved students, managing Information System for student lab

## **PRACTICE EXPERIENCE**

Program Officer, **Omni Health Services**, Mental Health Services, Mumbai, 2014-2015

Jointly conceptualized idea of serving the patient on their mental wellbeing with world-class expertise and partnership with U.S. healthcare agency (accredited by Joint Commission International).

Organized a workshop for team of expert psychologists and therapists on procedures for patient's intake forms, and therapy guidelines, with the help of senior experts from U.S.A.

Developed a paper for Maharashtra State Police Department and Omni Healthcare to address the well-being concerns of police and their families

Counselor and Project Manager, **American Non-Surgical Spine Institute**, Mumbai, 2013-2014

- Advisor on bringing U.S. technology (VAX-D) of spinal care to India

- Worked with patient who were undergoing depression, stress and anxiety due to spinal pain

- Organized awareness programs on spine and mental health in collaboration with psychologists, therapists, physicians, neurosurgeons, physiologist, and social workers

Program/Research Officer, **Indianapolis Housing Agency**, Indianapolis, June 2011- Jan 2012

- Worked with communities on research and development in health, education, family upbringing, safety, and youth development

- Collaborated with director of Personal Relation at Indianapolis Housing Agency to explore the work of housing for the needy

Research Advisor, **Rural Development Center**, Beed, India, 2005-2011

- Conducted a research on building community economic development Center with organic farming

- Advised on a Campaign for Sustainable Livelihoods (funded by Karuna Trust, UK, OXFAM)

- Advised on a Project on Securing Land Entitlement of Cultivators

- Advised on a Project on Access to Justice for discriminated Dalit men and women (funded by OXFAM)

Program Advisor, **Manuski Trust**, Pune, India, May 2005- July 2005

- Coordinated educational outreach with students from marginalized communities

- Co-coordinated projects on evaluation of health, education, atrocity work, and capacity development

Program Officer, **AMRAEE-UNICEF**: Child Protection Program, Mumbai, Jan 2004- May 2004

- Collaborated in drafting a proposal to formulate the child protection cell in consultation with the UNICEF experts and other expertise

- Coordinated the meetings for the stakeholders in formulation of this cell namely, Nair Hospital, Government of Maharashtra, UNICEF and NGOs on child rights to initiate a pilot Child Protection Cell in Nair Hospital Mumbai

*Program Officer, **Socio-Legal Information Centre**, Mumbai, May 2003-January 2004.*

- Administered human rights monitoring and crisis response focusing on the rights of Dalits, Tribals, minorities, women, and children

- Work with legal aid and working with children and wives of poor prisoner's families

- Conducted research on blind and visually impaired vendor on Mumbai Local Train platforms, and submitted report to government which resulted in granting them legal license of vendor

Enhanced the network with other institutions working in the area of criminal justice reforms and human rights

Organized conferences, seminars, workshops, debates, meetings on issues of human rights and capacity building

*Intern, Commonwealth Human Rights Initiative (CHRI), New Delhi, April 2003-May 2003.*

Analysis of data and literature review for a research study project “Human rights awareness and perceptions among police personnel in India”

Developed CHRI web content for the section on police reforms in India, legal protection on atrocities on Dalits in India

*Intern, Socio-Legal Information Centre, Mumbai, July 2002- March 2003*

Work with legal aid and working with children and wives of poor prisoner’s families  
Administered human rights monitoring and crisis response

Organized conference on “police as a protector of human rights” in collaboration with Maharashtra State Human Rights Commission and Department of Police, Maharashtra Government

*Intern, Action for Good Governance and Networking in India (AGNI), Mumbai June 2001-April 2002*

Formulated Advanced Locality Management (ALM) and Joint Area Action Groups (JAAG) in Wadala community to advocate for good governance in Brihan Mumbai Municipal Corporation

Organized election watch campaign by developing community need manifesto in Wadala region in Mumbai which was aimed at enhancing accountability and transparency of amongst People’s representatives

## **TEACHING EXPERIENCE**

**Indiana University, School of Social Work, Adjunct Faculty** Indianapolis, IN

Policy Teaching

Spring, 2012 - SWK- S 251- Emergence of Social Services (Online Course for B.S.W.)

Fall, 2011 - SWK- S 251- Emergence of Social Services (B.S.W.)

Summer, 2011 - SWK- S 251- Emergence of Social Services (B.S.W.)

Research Teaching

Fall, 2016 - SWK- S 502 Social Work Research 1 (M.S.W.)

Summer, 2011 - SWK- S 300 Statistical Reasoning in Social Work (B.S.W.)

Practice Teaching

Spring, 2012 - SWK- S 555 Social Work Practicum I (M.S.W.)

Spring, 2011 - SWK- S 555 Field Practicum Seminar (M.S.W.)

Fall, 2011 - SWK- S 400- Field Practicum Seminar (Online/Offline hybrid Course for B.S.W.)

Summer, 2011 - SWK- S 555 Social Work Practicum I (M.S.W.)

Visiting Lecture

Fall, 2016 – SWK- S 513 Human Behavior in the Social Environment II

Teaching Assistant

Fall 2009 - SWK- S 504 Professional Practice Skills (M.S.W.)

**Nagarjuna Training Institute, Nagpur, India**

Visiting Faculty

2013-2015 - Taught a course workshop on social work policy and practice

**Tata Institute of Social Sciences, India**

Visiting Faculty

September 2015 - Research tools for social science Ph.D. and M.Phil. Students

**University of Indianapolis, Indianapolis**

Visiting Lecture

October 23<sup>rd</sup> 2012 - Keynote speaker on diversity, race and caste in interfaith students' conference

**Wisconsin University, Oshkosh**

Visiting Lecture

March 10<sup>th</sup> 2011 – Community network and advocacy among disadvantaged communities in India

**DePauw University, Indianapolis**

Visiting Lecture

November 1<sup>st</sup> 2010 – Buddhism and community development amongst Dalits in Maharashtra

**University of Pennsylvania**

Visiting Faculty, Urban Studies

April 5-6th 2009 - Conducted a two days' workshop caste and race in India

**Berlin School of Economics/ Kassel University, Germany**

Visiting Faculty

May- June 2008 – Urban redevelopment in city of Mumbai, socio-economic issues in India

**Tata Institute of Social Sciences, India**

Visiting Faculty

April 2006 - Conducted a student's workshop on human rights in India

## PUBLICATIONS

- Rast, J. & Khandare, L. (2015). Employee Assistance Program for Mumbai police: A project on mental health wellbeing and care of police and their families. Omni Healthcare & State Government of Maharashtra (Report).
- Ramaiah, A. & Khandare, L. (2013). Dalits and African-Americans in 21st century learning from cross cultural experience. Center for Study of Social Exclusion & Inclusive Policies, Tata Institute of Social Sciences.
- Ayyar, V. & Khandare, L. (2012). Mapping color and caste discrimination in Indian society. In R. E. Hall (Ed.). *The melanin millennium- skin color as 21st century international discourse*. New York, NY: Springer.
- Khandare, L. (2012). [Review of the book *Blocked by Caste Economic Discrimination in Modern India* by S. K. Thorat & K.S. Newman]. *Journal of Human Development and Capabilities: A Multi-Disciplinary Journal for People-Centered Development*, 13 (1).
- Khandare, L. (2010). [Review of the book *B.R. Ambedkar: Perspectives on Social Exclusion and Inclusion Policies* by S. K. Thorat and Narendra Kumar]. *Journal of Human Development and Capabilities: A Multi-Disciplinary Journal for People-Centered Development*, 11 (2).
- Khandare, L. (2008). Peoples' voices in democratizing cities: A case of Mumbai. *Research in Practical and Theoretical Urban Management*. 3 (9), 33-42.
- Ayyar, V. & Khandare, L. (2007, 16 May). Social networks in slums and rehabilitation sites: A study in Mumbai (India). *Urban Research Symposium Papers*, World Bank. Retrieved from <http://siteresources.worldbank.org/INTURBANDEVELOPMENT/Resources/336387-1269364687916/6892589-1269394475210/ayyar.pdf>
- Khandare, L. (2006, December). Women and children in domestic violence: The issues of caste & class, In R. Chigwada-Bailey. (Ed), *Race, Gender and Criminal Justice Process Series No. 11*. Middlesex: Criminology in Millennium Publications.
- Khandare, L. (2006, June). *CSR polices on diversity and discrimination in the workplace in India: A study of advocacy by international Dalit solidarity organizations*. MPhil (Planning & Development) Dissertation, Indian Institute of Technology Bombay, India
- Khandare, L. (2003, April). Report on a seminar on Police as a Protector of Human Rights, Tata Institute of Social Sciences, Maharashtra state Human Rights Commission and India Centre for Human Rights and Law, Mumbai.
- Khandare, L. (2002, October-November). No right to be human. *Combat law-The human rights magazine*. Vol. 1(4).

## CONFERENCE PRESENTATIONS

- Khandare, L. K. (2016, October). *Empowerment and domestic violence: A study of Scheduled Caste women in India*. The First South Asian Womanhood and Girlhood Conference on the Theme of Identities in Transition. Loyola University Chicago.
- Khandare, L. K. (2015, June). *Thematic presentation concept paper of conference*. Presented at conference on Critical Race Theory and Critical Dalit Studies:



- Understanding Segregation, Exclusion, Intersectionality, and Narratives of Struggles. Jointly Organized by University of Mumbai and Indiana University.
- Khandare, L. K. (2012, November). *The Human rights movement of Dalits: The role of Indian diaspora and international organizations*. Paper presentation at ARNOVA's Conference, Indianapolis, IN.
- Brown, K., & Khandare, L. (2011, April). *African-American and Dalit scholars compare their respective liberation struggles*. Presented at Annual Meeting of Association for Asian Studies, Honolulu, Hawaii.
- Khandare, L. (2009, October). *Challenges of caste/racial exclusion in urban revitalization programs: A comparative perspective from India and the USA*. Paper presented at First Public Scholars in Africana Studies International Conference, Indiana University Purdue University at Indianapolis, Indianapolis, IN.
- Khandare, L. (2009, Sept 11). *Exploring theory on agency or empowerment towards democratizing urban Space in India*. Paper presented at International conference theme: Participation, Poverty and Power, Oxford Poverty and Human Development Initiative-University of Oxford & Pontifical Catholic University of Peru.
- Khandare, L. (2009, Sept 7). *Measuring empowerment and other missing dimensions of poverty data: A case for socially inclusive Mumbai city*. Paper presented at Human Development and Capability Association Summer School, Lima, Peru.
- Khandare, L. (2009, April 5-6). *Socio-religious perspectives of Anti-caste movement in India: A quest for Begampura (a city without sorrow)*. Paper presented at a course-URBS 452: Religion, Social Justice, and Urban Development, Urban Studies, University of Pennsylvania, PA, USA.
- Khandare, L. & Ayyar, V. (2009, April). *Experiences of untouchability amongst primary school children: Participatory research reflections from City of Mumbai*. Poster session presented at the 13th Annual PhD Spring Symposium, Indiana University School of Social Work, Indianapolis, IN.
- Khandare, L. (2009, Feb 26). *Challenges and opportunities for annihilation of caste in a globalized world*. Paper presented at a Conference on Shifting identities and Globalization in Contemporary India. Center for Global Studies, George Mason University and the Colonial Academic Alliance.
- Khandare, L. (2008, June). *Issues of Caste and Class in the modern India*. Paper presented at Berlin School of Economics.
- Khandare, L. (2008, June 11). *Peoples voices in democratizing cities: A case of Mumbai*. Paper presented at Urban Planet Roundtable. Urban Planet: Collective Identities, Governance and Empowerment in Megacities. Irmgard Coninx Foundation, Social Science Research Center Berlin (WZB) & Humboldt-University Berlin.
- Khandare, L. (2008, April). *Diversity and discrimination experiences in Indian higher educational institutes*. Poster session presented at The 12<sup>th</sup> Annual PhD Spring Research Symposium, IUSSW, Indianapolis, IN.
- Khandare, L. (2006, May 12). *Women and children in domestic violence: The issues of caste & class*. Paper presentation at Millennium Criminology Conference on Race & Gender, London, UK.

- Khandare, L. (2006, May 23). *Diversity and discrimination at workplace: the issue of Dalits and Indigenous people of India*. Paper presentation at House of Common, Boothroyd Room, Portcullis House, London, UK.
- Khandare, L. (2006, March 28). *Re-casting globalization- Has globalization cast out/recast Caste?*. Moderated Panel Discussion (with Panelists: Gail Omvedt, Anand Teltumbde, A. Ramaiah). Indian Institute of Technology Bombay.
- Khandare, L. (2005, August, 10). *Crime/violence against women and children: issues and initiatives*. Paper presented at XIV World Congress of Criminology organized by University of Pennsylvania & International Society of Criminology, Philadelphia, PA, USA

### **CONFERENCES AND WORKSHOPS COORDINATOR/MODERATOR**

- Discussant at National Seminar on “Religion and Democracy in Contemporary India: Dr. Ambedkar’s Perspective.” Dr. Ambedkar Center for Social Justice, University of Mumbai, 27 – 28 March, 2016.
- Co-coordinator for International Conference on “Indo-US Scholars International Workshop on Caste and Race: Contemporary Perspectives.” Jointly organized by Dr. Ambedkar Centre for Social Justice, University of Mumbai, and Indiana University, May 21, 2015.
- Co-coordinator for International Conference on “Critical Race Theory and Critical Dalit Studies: Understanding Segregation, Exclusion, Intersectionality, and Narratives of Struggles.” Jointly Organized by University of Mumbai and Indiana University, June 25-26, 2015.
- Co-coordinator for International Conference on “Dalits and African-Americans in 21st Century: Learning from Cross-Cultural Experiences,” at Tata Institute of Social Sciences, Mumbai, October 14-15, 2012.
- Organizing Committee, international speakers section, for the International conference on “caste discriminations, affirmative actions, transformative social movements in independent India and the development of human capital in emerging economic order”, Dept. of Law, University of Mumbai, Fort, Mumbai, April 24-25, 2010.
- Co-coordinator for conference on “E-governance; impact, access and sustainability”, Indian Institute of Technology Bombay and MITRA Foundation, March, 2004
- Co-coordinator for conference on “Arrest of women: Supreme Court judgment”, India Centre for Human Rights and Law and Forum against Oppression of Women, 15<sup>th</sup> December 2003.
- Co-coordinator for conference on “Refugee laws: An Indian perspective”, Indian Centre for Human Rights and Law, United Nations High Commission for Refugees, New Delhi, 13 December, 2003.
- Co-coordinator for Seminar on “Police as a protector of human rights”, Maharashtra State Human Rights Commission, Tata Institute of Social Sciences, India Centre for Human Rights and Law, February, 2002.

### **ACADEMIC/PRACTICUM SERVICE**

- Students' Recruitment Committee Member for Masters of Social Work Program at Tata Institute of Social Sciences, 2014-2015
- Students' Recruitment Committee Member for Online M.A. International Family Studies jointly offered by Tata Institute of Social Sciences, University of Newcastle, Callaghan, New South Wales, Australia UNL, & University of Nebraska-Lincoln, Lincoln, Nebraska, USA, 2014-2015
- Managing Editor, Indian Journal of Dalit and Tribal Social Work, Tata Institute of Social Sciences, 2015
- Panel Discussion Presentation on Cross-Culture Bullying for class Comm-G 100: Introduction to Communication Studies, Global Voices Speakers Program, Office of International Affairs, Indiana University Purdue University Indianapolis, March, 2012.
- Peer Reviewer for Journals: *Contemporary Research in India*, *African Journal of History and Culture* (AJHC)
- Peer Reviewer for Council on Social Work Education annual conference papers and posters, 2017.
- Vice-President, Underrepresented Professional and Graduate Students Organization, Indiana University-Purdue University, Indianapolis (2008- 2009).
- Students' Representative and member of Departmental Post Graduate Committee (DPGC), Department of Humanities and Social Sciences, Indian Institute of Technology Bombay (2005-06)
- Student Aid - Welfare Representative, Student Union in TISS (2002-2003)
- Advisor - SAPREM (Social Aspiration for Participatory Reforms evolved by Manpower) (June, 2005 onward)
- Vice-President for VARHAD (Voluntary Action for Rehabilitation & Development), India (June, 2005- 2012)

### **PROFESSIONAL SOCIETIES MEMBERSHIP**

- Association for Research on Nonprofit Organizations and Voluntary Action (ARNOVA)
- Association for Asian Studies (AAS)
- Council on Social Work Education (CSWE)
- Population Association of America (PAA)
- Human Development Capability Association (HDCA)
- International Union for Scientific Study of Population (IUSSP)
- National Association of Social Workers (NASW)